## P9300070157

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(Cit	y/State/Zip/Phone	<del>)</del> #)
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EFFECTIVE DATE

Amend

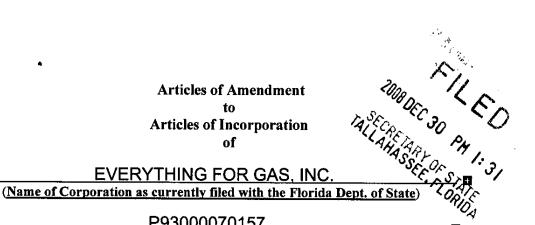
TB 1-8-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EVERYTHING FOR GAS, INC.		
DOCUMENT NUMBER: P93000070	157	A
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	G BUFFINGTON f Contact Person)	
(i tuine s	. Commercial states,	
EVERY	THING FOR GAS, INC.	
(Firm/ Company)		
	47 NW 37TH ST	
(	(Address)	
CORAL SPF	RINGS, FLORIDA 33065	
(City/ Sta	ate and Zip Code)	
For further information concerning this matter, p	please call:	
GREG BUFFINGTON	at ( <u>954</u> ) <u>340-9278</u>	
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Dep	partment of State:
\$35 Filing Fee  \$\sum \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

## **Articles of Amendment**



P93000070157

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

A. If amending name, enter the new name of the co	rporation:	EFFECTIVE [  - -0
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. position.	stered Agent:  I am familiar with and acce	ept the obligations of the
	e of New Registered Agent, if ch	anging

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	MARC WILLIAMS	11947 NW 37TH ST. CORAL SPRINGS, FL 33065	
			_ □ Add □ □ Remove
	<del></del>		
			_ • Remove
E. <u>If amen</u>	nding or adding additional Articles	<u>, enter change(s) here</u> :	
(attach d	additional sheets, if necessary). (Be	e specific)	
			<del></del> -
provisi	ions for implementing the amendm	ge, reclassification, or cancellation of is ent if not contained in the amendment	
(y)	not applicable, indicate N/A)		
	***************************************		
			<del></del>
			MATE 114, 14,

The date of each amendment(s) adoption:				
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ado by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) accient for approval.			
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):			
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval			
by				
(votir	g group)			
The amendment(s) was/were ado action was not required.	sted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were ado action was not required.	sted by the incorporators without shareholder action and shareholder			
Dated /2/	11/08			
Signature	BAS			
	ctor, president or other officer if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court			
	fiduciary by that fiduciary)			
	Tregon 9. Soffragon			
	(Typed or printed name of person signing)			
	Yre5i Ledf			
	(Title of person signing)			