P98000030571

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Вс	usiness Entity Nar	me)		
(Do	ocument Number)			
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DIVISION OF TOWN A FIX

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HOSACK FOOTING INC.
DOCUMENT NUMBER: 19800003057)
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SCOTT R. NOSACK
Nosack Pooling Inc.
600 581 Ave NE
Address F2- 33703 Otty/State and Zip Code
Hosack GC Q Vahoo . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOUTT R. HOSACK at (1) 37 JEO-1103 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Heather

727-906435

Articles of Amendment

	Articles of Incorpo	ration	SERVE PAR	(તે ફોર્સ્સ) દ
HUSACK	Roofina =	Inc-	15 NOV 25	ICT 1300 2 of the FE
(Name of Co	rporation as currently file	d with the Florida	Dept. of State)	
<u>1980000</u>	30571			
	(Document Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Flori</i> d	da Profit Corporati	ion adopts the follo	wing amendment(s) to
	truction Servi		inc.	The new
name must be distinguishable and contain is "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".	A professional co.	corporated" or the rporation name mi	e abbreviation ust contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFF</u>)	<u></u>			
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	n Florida, enter the	e name of the	
Name of New Registered Agent	Total of the state			
Name of New Registered Agent				
	(Florida street ad	dress)		
New Registered Office Address:			, Florida	
	(City)			Cip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered to		nd accept the oblige	ations of the positio	n.
	Signature of New Registe	ered Agent, if chang	ring	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	•		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			•

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Dale 1/15 was signed 1/10/15 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	55 ES
(voting group)	10 m
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	25
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	# SANGE
Dated 1) 10 / 5	ં ઝ ક્ર
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary) 50077 L L SACK	
(Typed or printed name of person signing)	
B President/ownex	· - · · · · · · · · · · · · · · · · · ·
(Title of person signing)	