# P98000039280

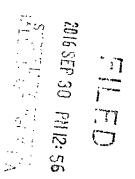
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#### **COVER LETTER**

NAME OF CORPORATION: Hills Van Service of North Florida, To DOCUMENT NUMBER: \$\frac{9800039280}{9800039280}\$  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:	TO: Amendment Section Division of Corpo			
Please return all correspondence concerning this matter to the following:    Name of Contact Person	NAME OF CORPOR	ATION: Hills Va	n Service	of North Florida, In
Please return all correspondence concerning this matter to the following:    Name of Contact Person	DOCUMENT NUMB	er: <i>P9800003</i>	39280	
Name of Contact Person  Hills Var Service of NF, Trac.  Firm/ Company  56/ Stevens St.  Address  Jacks criville PL 32254  City/ State and Zip Code  Lot. Vetel a hills van Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nancy Ciaero  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:  S35 Filling Fee  Certificate of Status  Certified Copy (Additional copy is certified Copy (Additional Copy (Additional Copy (Additional Copy	The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Hills Var Service of NF, Enc.  Firm/Company  56/ Stevens St.  Address  Address  Jacks criville PL 32254  City/ State and Zip Code  Lad. vekel @ hills van Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nancy Coev at (904) 781.7920  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:  S35 Filing Fee Seaton Certificate of Status  Certificate of Status  (Additional copy is checked)  (Additional Copy	Please return all corresp	condence concerning this ma	tter to the following:	
Address    Address   Ft				
Address    Jacks crowlle   ML 32254     City/ State and Zip Code     Lot, veteel @ hills van Come     E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:   Vancy Coeco   at (904)   781.7920     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:   S35 Filing Fee   S43.75 Filing Fee & Certificate of Status (Additional copy is certified Copy (Additional Copy (Additional Copy)     Certified Copy (Additional Copy)     Certified Copy (Additional Copy (Additional Copy)     Certified Copy (Certified Copy (Additional Copy)     Certified Copy (Certified Copy (Additional Copy)     Certified Copy (Certified Copy (Certified Copy) (Additional Copy)     Certified Copy (Certified Copy (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy)     Certified Copy (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy)     Certified Copy (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy) (Certified Copy)     Certified Copy (Certified Copy) (	-	Hulls Va	Firm/ Company	of Nr, Inc.
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Nancy   Craero	-	561 Sts	exens St.	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Nancy   Craero	-	Jackson	Address  Ville F = 3  City/ State and Zip Cod	32254
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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status □ Certified Copy				
Enclosed is a check for the following amount made payable to the Florida Department of State:   S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy  (Additional Copy	For further information	concerning this matter, pleas	se call:	
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	□ \$35 Filing Fee		Certified Copy (Additional copy is	Certificate of Status Certified Copy (Additional Copy

### **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 Circle
Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

P98000039280	
(Document Number of Corp	poration (if known)
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	da Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation," "orp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "d "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
Enter new principal office address, if applicable:	
incipal office address <u>MUST BE A STREET ADDRESS</u> )	
_	<u> </u>
	(3)
_	iii-< 0 <b>!</b>
Enter new mailing address, if applicable:	and the second s
(Mailing address MAY BE A POST OFFICE BOX)	
name et al.	<del></del>
_	
If amending the registered agent and/or registered office address in	n Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Hames Ba	s St, Jackson Margero diress)
	11 2 / 10 == 22
361 Stephens	5 St, fackson lle FL 32
(Florida street ad	(aress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered Agent:	

Dage Lof 4

Signature of New Registered Agent, if changing

· ·	
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.

Frample	e, ana sany smiin,	Sy as an Aaa.	
Example: X Change	PT John D	o <u>e</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	mith_	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	V	Robert M. Vetrel	561 STEVENS ST
Add Remove			JACKSONVILLE, FL
2) Change	P	JAMES Bargeron	561 STEVENS ST
Add			JACKSONVILLE, FL.
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change		<del> </del>	
Add			
Remove			

. LOUNCE HEISTELD/ICE A/IC	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)
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f an amendment pr	ovides for an exchange, reclassification, or cancellation of issued shares,
provisions for imp	ementing the amendment if not contained in the amendment itself:
(if not applicab	le, indicate N/A)
Alla	
10/1 <del>1</del>	
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The date of each amondment(s) adom	9/23/16	if advandance
The date of each amendment(s) adop date this document was signed.		, if other than the
Effective date if applicable:	9/23/16	nendment file date)
	(no more than 90 days after an	nendment file date)
<b>Note:</b> If the date inserted in this bloc document's effective date on the Depar		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of voient for approval.	tes cast for the amendment(s)
	ed by the shareholders through voting groth voting group entitled to vote separately	
"The number of votes cast for	the amendment(s) was/were sufficient for	r approval
by	(voting group)	.,,
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without sharel	holder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholde	er action and shareholder
Dated 9/23/16	<u> </u>	
	1. 1	
Signature(By a direct	tor, provident or other officer – if directo	rs or officers have not been
selected, b	y ar incorporator – if in the hands of a re	ceiver, trustee, or other court
appointed	figureiary by that fiduciary)	
	Robert M. Vo	etzel
	(Typed or printed name of person	n signing)
	President (Title of person signi	
	(Title of person signi	ing)