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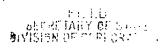
TO: Amendment Section Division of Corporations NAME OF CORPORATION: Calnat International Care, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Calvin Smith Name of Contact Person Calnat International Care, Inc. Firm/ Company 2118 SE 1st St Address Cape Coral, FL 33990 City/ State and Zip Code calnatintl@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 8392581

Area Code & Daytime Telephone Number Calvin Smith Sr. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address -Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2017 JAN 18 PM 2: 29

Calnat International Care, Inc.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P05000045680		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
Calnat International, Inc.	The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	2118 SE 1st St	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33990	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 151547	
	Cape Coral, FL 33915-1547	
D. <u>If amending the registered agent and/or registered office ad</u> new registered agent and/or the new registered office addre		
Name of New Registered Agent N/A		
(Florida	street address)	
New Registered Office Address:	. Florida	
New Register ou Office Hungery	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
NiA		
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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<u>N/A</u>	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		NIA	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		NIA	
Add			
Remove			

If amending or ade (Attach additional s	ding additional Art heets, if necessary).	ticles, enter chang (Be specific)	e(s) here:		
11A					
NI I					-
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				<u>-</u>	
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f an amendment	orovides for an exc	hange, reclassifica	ation, or cancella	tion of issued shar	res,
(if not applied	plementing the amable, indicate N/A)	endment if not co	ntained in the am	iendment itself:	
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				12.11.00	
		202			

The date of each amendment(s) adoption:, if ot	her than the
date this document was signed.	0977 211,
Effective date if applicable:	
(no more than 90 days after amendment file date) IN 18 PM 2	2: 3 0
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 N/A	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
1/13/17 Dated	
Signature And	
(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)	
Calvin Smith	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	