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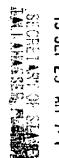
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PICK-UP	☐ WAIT	MAIL		
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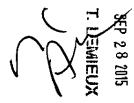


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CEP 22 AM 7:



COVER LETTER

Division of Corporations NAME OF CORPORATION: Copeland Conducte TNC. DOCUMENT NUMBER: <u>P14000 40834</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dolvell Cofeland
Name of Contact Person Copeland Condrete Pl JOYAN IN E WALL Rd.

Address

Gaines Ville, FL 32609

City/ State and Zip Code Cope/an/Condite te 7 bell south. NeT
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Coleland Condick INC.		<u> </u>
(Name of Corporation as curre	ntly filed with the Florida Der	ot, of State)
P / 400:00408 (Document Number	34	
(Document Number	r of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation s	adopts the following amendment(s)
If amending name, enter the new name of the corporation:		
Cole/ned Contrele Placing ame must be distinguishable and contain the word corpora	INC	The new
ame must be distinguishable and contain the word Corpora Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o ord "chartered," "professional association," or the abbreviatio	r "Co". A professional corpoi	orated" or the abbreviation ration name must contain the
Enter now principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	10 420 NI G-Kines V:119	FY 32609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addrage Name of New Registered Agent	ddress in Florida, enter the na ess:	ume of the
(C)	street address)	
(ribrida	street aduress)	
New Registered Office Address:	(City)	_, Florida (Zip Code)
iew Resistered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am famili		ons of the position.
Signature of Ne	w Registered Agent, if changing	<u> </u>

Page 1 of 4

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change		
Add	,	
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)	WA
		X '
· · · · · · · · · · · · · · · · · · ·		
	_	
<u> </u>		
n amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassif	leation, or cancellation of issued shares, contained in the amendment itself:
	NA	
	7) '	

The date of each amendment(s) adoption: 9-9-15 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill 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" (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.	
Dated 8-8-2015	
Signature Nell Colelys	
(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)	
DONELL CORCLANT	
(Typed or printed name of person signing)	
(Title of person signing)	