P1900000 8542

(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>(</i> A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(8	Business Entity Name)	
(Document Number)		
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SEP 19 20 SCHROEDER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Castle rock Wood and Stone Incomment number: P190000 8542
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Costlerack Wood and Stone Inc. Firm/ Company 2150 Spencer Rd, #22F Address Address City/ State and Zip Code Staples darren @ganail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darren Stapes at 904, 452-3715 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

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of of	
Castrock Wood and Stor	ne Fra
(Name of Corporation as currently file	d with the Florida Dept. of State)
(Document Number of Cor	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	da Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	19 SE p
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent 2150 Spence (Provide street ac	Staples 5 5 5
New Registered Office Address: Orange City	Florida 32673 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar with a	
Signatur of New Regist	ered 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 Mtke 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:	PT John		
X Change	<u>r1</u> <u>101111</u>	<u>1500</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
\underline{X} Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Valerie Staples	2150 spencer Rd# 22F
Add		•	Orange Pork, FL
Remove			32073
2) Change	C S O	Darren Staples	2150 Spencer Rd#3
X Add			Orange Park, FL
Remove			32073
3) Change			ASS TO SERVICE OF THE PERSON O
Add			T. 63 55 TI
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

E. If amending or adding additional Articles, enter change(s) here:			
(Attach additional sheets, if necessary). (Be specific)			
N/A			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		~~	
provisions for implementing the amendment if not contained in the amendment itself:	(1) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	έż	
(if not applicable, indicate $N A$)		6 †	
MIA	3.5		
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(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 widocument's effective date on the Department of State's records.	ill not be 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 east for the amendment(s) was/were sufficient for approval	
by" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(voting group)	9 19
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	SEP -9 PM
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	- -0 :71
action was not required.	
Dated \$9 \$5 2619	2:49
Signature Nav Jan	
(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)	
Darren P. Staples	
(Typed or printed name of person signing)	
CS0	
(Title of person signing)	<u>—</u>