## 376614

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	ne)
(Bu	Siliess Chilly Nai	ne,
(Do	cument Number)	
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2019 SEP 16 AH 8:31

C. GOLDEN SEP 2 6 2019

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DUNKER	n Well Dri	Iling Inc.
DOCUMENT NUMBE	R: 3766	14	
	Amendment and fee are s		
Please return all correspo	ondence concerning this ma	atter to the following:	
	Winter A	Name of Contact Person  Name of Contact Person  Dunkam  Firm/ Company  Address  Address  City/ State and Zip Cod  Sed for future annual report	Well Dilling Inc
For further information co	oncerning this matter, pleas	se call:	
lodd_Du	Ontact Person	at ( <u>86 \$</u>	<u> 965-2881</u>
	on the state of th	Area Co payable to the Florida Depa	de & Daytime Telephone Number artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address nent Section		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, FI. 32301

## **Articles of Amendment**

to

## Articles of Incorporation



to

r.	vehoration	
Dunham Well D	rilling, Inc.	2019 STO 16 AM 8
(Name of Corporation as currently	filed with the Florida Dept.	of State)
(Document Number of	Corporation (if known)	
tursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> s Articles of Incorporation:	Florida Profit Corporation ado	pts the following amendment
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation. Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Cord "chartered," "professional association," or the abbreviation "For the abbreviation "For the principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS.)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Co". A professional corporation.  P.A. " , , , , , , , , , , , , , , , , , ,	The new need" or the abbreviation on name must contain the ST NW
. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name	of the
Name of New Registered Agent	<del></del>	
(Florida stree	t address)	
New Registered Office Address:		lorida
(C	ity)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of	f the position

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	
$\underline{X}$ Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	ST	George Dunham	32 Tera La SW Winter Haven, FL
Add Remove			Winter Haven, FL 33880
2) Change			
Remove			
3 ) Change			
Remove  4) Change			
Add Remove			
5) Change Add			
Remove 6) Change			
Add			

amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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		· ·	<del>-</del>	
			<del></del>	<del></del>
			···-	
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<u> </u>				
on amendment provides for an exchange over the amer ovisions for implementing the amer	ange, reclassification ndment if not contair	<u>, or cancellation</u> red in the amend	of issued shares ment itself:	1
(if not applicable, indicate N/A)			<del></del> _	
			<del>-</del>	<del></del>
·				<del></del>
		<del>-</del>	<u> </u>	<del></del>

The date of each amendment(s) add	option: 9 9 9 9	, if other than the
date this document was signed.		
Effective date if applicable:		_ <del>_</del>
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, thi artment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendme icient for approval.	ent(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following states are hotting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	٦
Dated 9-1	2-19	
Dated9_1	7 2 1) 0	
Signature Signature	(000-77 / 0100m V V	
4 TBy a dire	etor, president or other officer - if directors or officers have not be	en
appointed	by an incorporator – if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary)	ourt
.,	•	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	, IP	
_	(Title of person signing)	