647922

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COVER LÉTTER

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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: C.T.B.S., INC.		
DOCUMENT NUM	4BER:647922		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	WALTER R. HARWELL, P.	E.	
		Name of Contact Person)
		Firm/ Company	
	712 SHORE DRIVE E.		
		Address	
	OLDSMAR, FL 34677		
		City/ State and Zip Code	3
	WRH712@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
WALTER I	R. HARWELL	at (<u>7274230712</u>	2)
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	

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

C.T.B.S., INC.			
(Name	of Corporation as currently	filed with the Florida Dep	t, of State)
947922			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
STEWART ENERGY, INC.	· · · · · · · · · · · · · · · · · · ·		Ti
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "(Co". A professional corpore	
B. Enter new principal office address,	if annlicable:	NOT APPLICABLE	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl		NOT APPLICABLE	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent ar			ne of the
new registered agent and/or the ne			
Name of New Registered Agent	NOT APPLICABLE		···
	(Florida stre	eet address)	
New Registered Office Address:	NOT APPLICABLE		, Florida
New Negastereu Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if call hereby accept the appointment as registered.			s of the position.
			₹
	Signature of New R	egistered Agent, if changing	2816

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
6) Change				
Add				··· ··· · · · · · · · · · · · · · · ·
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(cles, enter change(s) here: (Be specific)
NOT APLLICABLE	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
NOT APPLICABLE	

date this document was signed.	ption;	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	27	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
OCTOBER 2 Dated	0, 2016	
	lter R Hawled	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	ALTER R. HARWELL	
_	(Typed or printed name of person signing)	
Pl	RESIDENT	
- -	(Title of person signing)	