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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **☐**\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

Articles of Amendment

to

Articles of factor	poración	
TèK	-00 ·	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
H9 7498		
(Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NA		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A IN	<u> </u>
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	N/A ILL	F 00 T
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	PH 5: 02
(Florida street New Registered Office Address: N A (City)	address), Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with Signature of New Registered Age	h and accept the obligations of the positio	n.

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

Mike Jones, V as Remov	ve, and Sally Smith	i, SV as an Add.	70 7
Example: X Change	PT John I	<u>Doe</u>	in the second
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	22 7
_X Add	SV Sally	<u>Smith</u>	温光
Type of Action (Check One)	Title	<u>Name</u>	Address Address
1) Change	VD	KATY L. FRINS	AD BOX 554
Add Remove			Tavernier, FL. 33070
2) Change	<u> D</u>	JOSEPH JOHN FRINS (AKA JAY FRINS)	135 N. AIRPORT Rd
Add	•	(AKA JAY FRIMS)	Tavernier, FL.33010
Remove 3) Change		BARBARA A. PINDER	141 N. AIRPORT Rd
Add Remove			Tavernier, FL-33000
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

far amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A) KATY L. FRINS PASSED AWAY- Copy of D C 100% SHARES TO REGISTERED AGENT- JOSEPH J. FRINS ANY Additional information needed please		sheets, if necessary,	1.4			
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: 10/21/14	
(no more than 90 days after amendment file date)	•
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	1,00
by"	N 1
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	PM 5: 03
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	3
Dated 10/21/14	
Signature	
(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)	
Joseph J FRINS (Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
(Title of person signing)	