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COVER LETTER

TO: Amendment Section Division of Corporations

JAME OF CORPORATION: Custom Design Company of Central Florida =	Ine
OCUMENT NUMBER: 182120	
The enclosed Articles of Amendment and tee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Name of Contact Person Custom Design C, of Central Fr Firm Company 2836 Michigan Evenue Address Kissimmee Fr 34744 City/ State and Zip Code Squaber Q Custom dc. Com E-mail address: (to be used for future annual report notification)	- - -
or further information concerning this matter, please call;	
Sharm Graber at (407) 847-4474 Name of Contact Person Area Code & Daytime Telephone Numb	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & S52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

A . A	\bigcap of \bigcap		
Custom Desig	alompany of la	stral Placide Inc	
(Name of	Corporation as currently filed with	h the Florida Dept. of State)	
	789170		
	(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
			The new
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co" chartered," "professional association," of the contact o	orp," "Inc," or "Co". A professio		n "Corp.,"
B. Enter new principal office address, if (Principal office address MUST BE A ST			
			
C. Enter new mailing address, if applic		·	
(Mailing address MAY BE A POST O	<u>FFICE BOX</u>)		
	<u></u> -		.
D. If amending the registered agent and	l/or registered office address in Flo	ida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registed		cept the obligations of the position.	<u>.</u>
			21
	Signature of New Registered A	gent, if changing	21 MAY 17
Charlest and inchin	V V V V	o v w v	
Check if applicable ☐ The amendment(s) is/are being filed put	rsuant to s. 607.0120 (11) (e) F.S.		## 5
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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)

Example:

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> </u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u></u>	Brandon Graber	2836 Michigan Avenue Kissimmee FL 34744
_ ∠∕ Add			Kissimmee 92 34744
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<u>. </u>		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		- <u> </u>	
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
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	<u> </u>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	5-1-2021	
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this document's effective date on the		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of direct	fors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vo sufficient for approval.	otes cast for the amendment(s)
	pproved by the shareholders through voting grown each voting group entitled to vote separately	
"The number of votes ca	st for the amendment(s) was/were sufficient fo	or approval
by		
	(voting group)	
Dated	5-11-21	
Signature	director, president or other officer - if directo	rs or officers have not been
selec	ted, by an incorporator - if in the hands of a re	ceiver, trustee, or other court
арро	inted fiduciary by that fiduciary)	
	Sharm Grab (Typed or printed name of perso	er
	(Typed or printed name of perso	n signing)
	(Title of person signing)	