

585587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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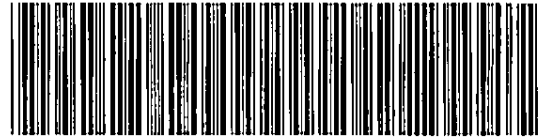
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CASCO CONSTRUCTION, INC.

**DOCUMENT NUMBER:** J85587

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNN S. SCHAMING

Name of Contact Person

CASCO CONSTRUCTION, INC.

Firm/ Company

2926 SE PARAMOUNT PLACE

Address

STUART, FL 34997-8516

City/ State and Zip Code

scham55@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN S. SCHAMING at ( 772 ) 287-1315  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

CASCO CONSTRUCTION, INC.

J85587

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(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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6) ☐ Change ☐ Add ☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*-(Attach additional sheets, if necessary). (Be specific)*

CHANGE IN OWNERSHIP OF SHARES:

CHARLES A. SCHAMING III - 75 SHARES

LYNN S. SCHAMING - 25 SHARES

**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:**  
*(if not applicable, indicate N/A)*

NOT APPLICABLE

JANUARY 1, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JANUARY 1, 2018

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 will not be listed as the document's effective date on the Department of State's records.

**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

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

MARCH 1, 2018

Dated \_\_\_\_\_

Signature \_\_\_\_\_

*Lynn S. Schaming*  
(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)

LYNN S. SCHAMING

\_\_\_\_\_  
(Typed or printed name of person signing)

SECRETARY / TREASURER

\_\_\_\_\_  
(Title of person signing)