K67689

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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	C.N.S.	DRYWALL	, INC.			
DOCUMENT NUMBER:	K67689					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Darmanda G. Ghakhtaura Fag						
Raymonda C. Chakhtoura, Esq. Name of Contact Person						
	Saxon & Chakhtoura, F.A. Firm/Company					
	<u>111 S</u>	outh Sco Addr		<u>eet </u>		
	Melbo	urne, FL City/ State an	<u>, 3290</u>	01		
		City/ State an	ա Հւր Ենա	c		
	saxonchakhtoura@cfl.rr.com					
E-mail	address: (to be us	ed for future and	nual report	notification)		
For further information concerning	this matter, please	e call:				
Raymonda A. Chakhtoura, Esq. 321 727-2545						
Name of Contact Pe	erson		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made p	ayable to the Fl	orida Depa	rtment of State:		
				—		
	'5 Filing Fee & ficate of Status	□\$43.75 Filin Certified Co (Additional of enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Street Address						
Amendment Sect	Amendment Section					
Division of Corporations Division of Corporations						
P.O. Box 6327 Tallahassee, FL.	12314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

C.N.S. DRYWALL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

K67689

ent(s) to

	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, thi	s Florida Profit Corporati	on adopts the following amendme
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or	"Co". A professional co	
B. Enter new principal office address, if ap	plicable:		N/A
(Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		1520 Bottle	orush Drive NE
D. <u>If amending the registered agent and/or</u>	registered office ad	Falm Bay, FI	
new registered agent and/or the new reg	istered of fice addre	ss:	
Name of New Registered Agent	DOMENIC	CALICCHIA	
•	1520 Bc	ottlebrush Driv	re NE
		street address)	
New Registered Office Address:	Palm Bay		, Florida 32905
	(City)		(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			ations of the position.
Afoma	nie de	lluhin	
	Signifiture of New	Registered Agent if chance	rina

DOMENIC CALICCHIA

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			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	PD	CONRADO SOLER	DECEASED		
AddX_ Remove			2162 Sirocco Lane Melbourne, FL 32934		
2) Change XXX Add	PSD	DOMENIC CALICCHIA	1520 Bottlebrush Drive NE		
Remove 3)ChangeAdd					
Remove 4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add		·			
Damaria					

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	s, enter change(s) here: Be specific)	
	N/A	
		<u></u>
F. If an amendment provides for an excha	ge, reclassification, or cancellation	of issued shares,
provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amenda	nent itself:
(y nor approacte, maleure min)		
	N/A	
	-	
	•	

The date of each amendment(s) adoption:	September	16,	2016	, if other than the
date this document was signed.				
Effective date if applicable:	September			
	(no more than 90 day	s after	amendment file d	ate)
Note: If the date inserted in this block does not document's effective date on the Department of		statutoi	y filing requirem	ients, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)			
XXXThe amendment(s) was/were adopted by the sbareholders was/were sufficient for a		ber of v	otes cast for the	amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amen	dment(s) was/were suf	ficient f	or approval	
by	ing group)		.,,	
☐ The amendment(s) was/were adopted by the laction was not required.	poard of directors with	out shar	eholder action an	d shareholder
☐ The amendment(s) was/were adopted by the action was not required.	ncorporators without s	harehol	der action and sha	areholder
Dated <u>September</u> Signature	16, 2016		eles o	·
(By a director, presi	dent or other officer – rporator – iFin the han by that fiduciary)	if direct	ors or officers ha	ve not been or other court
D	OMENIC CALIC	CHIA		
	Typed or printed name	of pers	on signing)	
Р	resident/Sec	reta	ry	
	(Title of per	rson sig	ning)	