

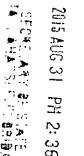
(Re	equestor's Name)	
(Äd	ldress)	
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(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name))
(Do	ocument Number)	
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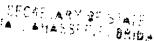
7.4.

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Cantin Builders, In	ıc			
DOCUMENT NUMBE	M71022				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspondent	ondence concerning this ma	tter to the following:			
	Beth Cantin				
_		Name of Contact Person	1		
	Cantin Builders, Inc.				
	Firm/ Company				
	12717 Gulfstream Blvd., Unit 1				
_	<u> </u>	Address			
	Port Charlotte, FL 33981				
_		City/ State and Zip Code	e		
	beth@cantinhome	es.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of Beth Cantin	concerning this matter, pleas	041	809-9664		
	Contact Person	at ()de & Daytime Telephone Number		
	he following amount made		· · · · · ·		
■ \$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 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 Incorporation of

2015 AUG 31 PM 2: 36



Cantin Builders, Inc.

(Name o	f Corporation as curre	ntly filed with the Florida Dept. of State)		
	M71922			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	me of the corporation:	The man		
	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		12717 Gulfstream Blvd.		
		Unit 1		
		Port Charlotte, FL 33981		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12717 Gulfstream Blvd.		
		Unit 1		
		Port Charlotte, FL 33981		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	N/A			
	12717 Gulfstream Blvd.	, Unit 1		
	(Florida	street address)		
New Registered Office Address:	Port Charlotte	, Florida 33981		
		(City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: rr with and accept the obligations of the position.		
	Signature of New	Programme Registered Agent, if changing		

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 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)	Title		Name	Address
1) Change			N/A	
Add				
Remove				
2) Change	·			
Add				
Remove				
3) Change		_		
Add				
Remove				-
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	 	_		
Add				
Remove				

V/A	tional sheets, if necessary).	(Be specific)		
		 		
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	dment provides for an exc	hange, reclassification, o	r cancellation of issued s	hares.
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provisions	for implementing the ame applicable, indicate N/A)			
provisions (if not	s for implementing the ame applicable, indicate N/A)	AGMONT II HOV CONCERNO		
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provisions (if not	s for implementing the amapplicable, indicate N/A)			
provisions	s for implementing the amapplicable, indicate N/A)			

The date of each amendment(s) addate this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
08-26-2	015
Dated	
Signature	
(By a d	rector, 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
appoint	ed fiduciary by that fiduciary)
	Beth L Cantin
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)