ND6000012369

| (Req | uestor's Name) | | |
|---|------------------|-----------|--|
| (Addi | ress) | | |
| (Add | ress) | | |
| (City/ | /State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | iness Entity Nan | ne) | |
| (Doc | ument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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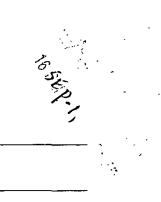
TO: Amendment Section **Division of Corporations**

| <u>ER LETTER</u> | T. |
|------------------|----|
| | Ž. |
| | 5 |

| NAME OF CORPORATION: | ASCA CUSTOM C | REATION | IS, INC | |
|--|-----------------------|---|--------------------|--|
| DOCUMENT NUMBER: | 06000012369 | <u>-</u> - | <u>.</u> | |
| The enclosed Articles of Amendment and fee are sul | bmitted for filing. | | | |
| Please return all correspondence concerning this mat | ter to the following: | | | |
| Kenneth R. Liechty | | | | |
| | (Name of Contact | Person) | | |
| BASCA Custom Creations, I | nc. | | | |
| | (Firm/ Compa | any) | | |
| 352 Stowe Avenue | | | | |
| | (Address) |) | | |
| Orange Park, FL 32073 | | | | |
| | (City/ State and Z | ip Code) | | <u> </u> |
| bethclark@bascainc.org | | | | |
| E-mail address: (to be use | ed for future annual | report noti | fication |) |
| For further information concerning this matter, pleas | e call: | | | |
| Kenneth R. Liechty | | 904 at | | 541-1742 |
| (Name of Contact Perso | n) | | Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | payable to the Florid | a Departm | ent of S | State: |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | | | Certifi Certifi | O Filing Fee cate of Status ed Copy ional Copy is sed) |
| 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



BASCA Custom Creations, Inc.

| (Name of Corporation as cur | rently filed with the Florida | Dept. of State) |
|---|---------------------------------|--|
| N06000012369 | | |
| (Document N | umber of Corporation (if know | /n) |
| Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation: | atutes, this Florida Not For P. | rofit Corporation adopts the following |
| A. If amending name, enter the new name of the corpo | oration: | |
| N/A | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | oration" or "incorporated" o | |
| B. Enter new principal office address, if applicable: | N | /A |
| (Principal office address MUST BE A STREET ADDRE | <u>(SS</u>) | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N | /A |
| | | |
| | | |
| | | <u> </u> |
| D. If amending the registered agent and/or registered | office address in Florida, en | ter the name of the |
| new registered agent and/or the new registered offi | ce address: | |
| Name of New Registered Agent: | Bet | h Clark |
| | N/A | 4 |
| Now Positional COM ALL | (Florid | a street address) |
| New Registered Office Address: | | |
| | N/A | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe | red Agent: | |
| I hereby accept the appointment as registered agent. I an | n familiar with and accept the | obligations of the position. |
| | Beth Clark | |
| | Signature of New Registere | d 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 X Remove A Add | <u>V</u> <u>Mik</u> | n Doe te Jones ty Smith | |
|----------------------------------|---------------------|-------------------------------|-----------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | John Cone | · |
| Add | | | |
| _X Remove | | | |
| 2) Change | D | Charles Frank | |
| Add | | | |
| X Remove | | | |
| 3) Change | D | Ron Marley | |
| Add | | | |
| X Remove | | | |
| 4) Change | D | Jim Bray | |
| Add | | | |
| X Remove | | | |
| 5) X Change | Р. | Ken Liechty | 183 Cedar Run Drive |
| Add | | | Fleming Island, FL |
| Remove | | | 32003 |
| 6) Change | v | Irene Malone | 10931 Dover Cove Lane |
| X Add | ··· —— | | Jacksonville, FL |
| Remove | | | 32225 |

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

|) | Change | S | Bob Holliday | 8662 Little Swift Circle | |
|--------------|--------|---------------|---------------------------------------|--------------------------|--|
| X | Add | | | Jacksonville, FL | |
| | Remove | | | 32256 | |
|) | Change | T | Bettie Adams | 1405 Wilkies Point Road | |
| X | Add | | | Green Cove Springs, FL | |
| | Remove | | | 32043 | |
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| | • | August 22, 2016 | | |
|--|--|--|--|--|
| | e date of each amendment e this document was signed | | , if other than the | |
| Eff | ective date <u>if applicable</u> : | • | | |
| | | (no more than 90 days after amendment file date) |) | |
| | | is block does not meet the applicable statutory filing requirem to Department of State's records. | nents, this date will not be listed as the | |
| Ada | option of Amendment(s) | (CHECK ONE) | | |
| | The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for proval. | the amendment(s) | |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | | | | |
| | Dated | gust 22, 2016 | | |
| | Signature | Jonnes Thuchty | | |
| | have n | chairman or vice chairman of the board, president or other of ot been selected, by an incorporator – if in the hands of a receedurt appointed fiduciary by that fiduciary) | | |
| | | Kenneth R. Liechty | | |
| | | (Typed or printed name of person signing | g) | |
| | | Chairman, Board of Direcors | | |
| | _ | (Title of person signing) | | |