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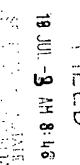


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and

R. WHITE
JUL 0 6 2018



## **COVER LETTER**

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COUSINS Articles and Equiptment Inc
DOCUMENT NUMBER: <u>N1700000 4831</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen J Fleming (Name of Contact Person)
Cousins Articles and Equiptment INC.
15330 Country Ridge Dr
Chesterfield, MO 63017 (City/ State and Zip Code)
S. J. FLE MING ED att NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen J. Fleming at 314-753-9963 (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:
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is Enclosed)
Mailing Address Street Address

## 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

FILED

COUSINS Articles and Equipt Ment 18
(Name of Corporation as currently filed with the Horida Dept. of State) N17000004831 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Not Afficie - N/A

The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: 15330 Country Ridge Dr.
(Principal office address MUST BE A STREET ADDRESS)

Chester field, MO. 63017 C. Enter new mailing address, if applicable: P) Box 278 (Mailing address MAY BE A POST OFFICE BOX) OLORE, FL 34761 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: Winter Garden Florida 34787 (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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 X Remove X Add	PT John I. V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P_	DonAld Carter	1601 N Fallers (voss Winter Garden FL
Add			WINTER Garden FL 34787
2) Change Add			
Remove	0.5		
3) Khange	<u>PS</u>	5 tephen J Fleming	15330 Country Ridge Di hesterfield, MO
Add Remove		Ĺ	63017
4) Change			
Add			
Remove			
5) Change	*		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) add	pption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inscrted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated June	30,2018	
Signature	to the second se	
have not been	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Ovesident (Title of person signing)	