(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SECTATION OF STATE
TAIL AHASSEE, FLORIDA

JUL 23 2018 S. YOUNG

#### **COVER LETTER**

Division of Corporations Kenovation NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$4**3.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

### Articles of Amendment

to

## Articles of Incorporation

of

Class A Design Rena	lation Inc
(Name of Coxporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	AND I
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Hadela	ELEVE = =
12821 HQ 4	address)
New Registered Office Address: The NYCS	. Florida 33966 (2117) (Zip Code)
	(a.g. zamy)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Quality	
Signature of New Reg	gistered 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	D Marilia Cola	3275 Anticast
Add		FT HYPIS FL 3390S
Remove		·
2) Change	D Israel Albuquerqu	re 1120 Angelo Ave Lehigh Acres FL 33971
_X ∧dd		Lehigh Acres ML 20141
Remove		
3 ) Change	<del></del>	
Add		***
Remove		<del></del>
4) Change		
Add		
Remove		<del></del>
5) Change		
Add		<del></del>
Remove		
6) Change		
Add		
Remove		

	icles, enter change(s) here: (Be specific)
	<del></del>
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···	
<del> </del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an angel if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an angel if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an angel it is
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an angel if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	loption:	07/18/	18	, 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			tatutory filing req	uirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK</u>	ONE)		
The amendment(s) was/were ado by the shareholders was/were su			oer of votes cast fo	r the amendment(s)
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendmer	nt(s) was/were suffi	cient for approval	
by	(voting gr			•
The amendment(s) was/were ado action was not required.  The amendment(s) was/were ado action was not required.				
Dated O4				ers have not been stee, or other court
	F. (Types	uardo d or printed name	PCP(C) of person signing)	
	<del></del>	Preside (Title of pers	on signing)	