## P000000033595

•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	itus	
Special Instructions to Filing Officer:		

Office Use Only



700251253717

09/17/13--01007--015 \*\*S2.50

13 SEP 17 PM 4: 00

C. LEWIS

SEP 2 4 2013

EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Divine Corporation DOCUMENT NUMBER: P00000033595				
The enclosed Articles	of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this matter to the following:				
Dean Fresonke				
		Name of Contact Person	1	
	<b>Divine Corpora</b>	tion		
		Firm/ Company		
8815 Conroy Road, Suite 326				
Address				
	Orlando, FL 32	835		
		City/ State and Zip Code	e	
dean@divine9lubricants.com				
	E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, please call:				
Dean Fresonke		<sub>at (</sub> 407	850-8002 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$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)	
Am	iling Address endment Section rision of Corporations	Amend	Address Iment Section on of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

13 SEP 17 PH 4: 00

**Divine Corporation** SECRETARY OF STATE TALL AHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P00000033595 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CarraShield Labs, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (City) (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.

X Change	PT	John De	<u>oc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change			N/A	8815 Conroy Road, Suite 326
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
'A	***
<u> </u>	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

## FILED

The date of each amendment(s) adoption:	13 SEP 17 PH 4: if other than the			
date this document was signed.	13 SEP 17 PM 4: UB			
Refeative data if applicables N/A	SECRETARY OF STATE			
Effective date if applicable:  (no more than 90 days after amendment file date) THASSEE, FLORIDA				
(				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)			
☐ The amendment(s) was/were approved by the shareholders thromust be separately provided for each voting group entitled to				
"The number of votes cast for the amendment(s) was/wer	re sufficient for approval			
by(voting group)	**			
(voting group)				
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder			
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	tout shareholder action and shareholder			
Dated September 12, 201	3//			
Signature				
(By a director, president or other office	cer - if directors or officers have not been			
selected, by an incorporator – if in the	e hands of a receiver, trustee, or other court			
appointed fiduciary by that fiduciary)	,			
Dean Fre	Sonke printed name of person signing)			
(Typed or p	rinted name of person signing)			
CEO, Vire	tle of person signing)			
/ (Ti	tle of person signing)			