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R. WHITE

COVER LETTER

Division of Corporations NAME OF CORPORATION: ACCOLADE CHEM-DRY, INC. DOCUMENT NUMBER: P00000038754 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KEVIN D. ELDRIDGE Name of Contact Person ACCOLADE CHEM-DRY, INC. Firm/ Company 6737 CHENKIN RD Address ZEPHRYHILLS, FL 33542 City/ State and Zip Code k6eldridge@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEVIN D. ELDRIDGE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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ACCOLADE CHEM-DRY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ndment(s) to

P00000038754		• • • • • • • • • • • • • • • • • • •	
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation add	opts the following amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	Co". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, (Principal office address MUST BE A ST	if applicable:	N/A	
(Trincipul Office address <u>most BL/15)</u>	(REEL (NOOKESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (<u>cable:</u> OFFICE BOX)	N/A	
D. If amending the registered agent an			e of the
new registered agent and/or the new Name of New Registered Agent	N/A		
	(Florida stre	eet address)	
New Registered Office Address:	N/A	, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar v	vith and accept the obligations	of the position.
Si	gnature of New Registered A	Igent, 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> <u>Joh</u>	n Doe	
X Remove	V <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
() Change	PTD	Kevin D. Eldridge	5714 19th St.
Add			Zephyrhills, FL 33542
Remove			
2) Change	VPSD	Kimberly A. Eldridge	5714 19th St.
Add			Zephyrhills, FL 33542
Remove			
3) Change	D	Kathy Davis	5714 19th St.
✓ Add			Zephyrhills, FL 33542
Remove			
4) Change	<u>D</u>	Frances Oliver	5714 19th St.
Add			Zephyrhills, FL 33542
Remove			
5) Change	<u>s</u>	Kaitlin F. Eldridge	5714 19th St.
Add			Zephyrhills, FL 33542
Remove			
6) Change	<u>T</u>	Christian O. Eldridge	5714 19th St.
Add			Zephyrhills, FL 33542
Remove			

E. <u>If amending or act</u> (Attach <i>additional</i>	dding addit sheets, if ne	ional Articles, enter change(s) here: cessary). (Be specific)	
		g Officers/Directors	
7.) REMOVE	Т	Kody M. Eldridge	5714 19th St.
			Zephyrhills, FL 33542
8.) REMOVE	S	Cassidy J. Eldridge	5714 19th St.
			Zephyrhills, FL 33542
	······································		
	mplementin	or an exchange, reclassification, or carge the amendment if not contained in thate N/A)	
		· · · · · · · · · · · · · · · · · · ·	
	· - · · ·		

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ted by the incorporators without shareholder action and shareholder	
Dated 12 2	2014	
Signature Key	an D'Ildudae	
	ector, president or other officer - 4 directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
ŀ	Kevin D. Eldridge	
	(Typed or printed name of person signing)	
ı	President, Director	_
_	(Title of person signing)	