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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Halcyon	Manufacturing, Inc.			
DOCUMENT NUMBER: POI 000039	3138			
The enclosed Articles of Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Mark Messers	noth .			
	Name of Contact Person			
Halcyon Manufa	cturing, Inc. Firm/ Company			
·	Firm/ Company			
24587 NW 178	to Place			
	Address			
High Springs .FL	- 32643			
(	City/ State and Zip Code			
mm@halcyon.	net for future annual report notification)			
E-mail address: (to be used	for future annual report notification)			
	•			
For further information concerning this matter, please co	all:			
NI . NI .				
Mark Messersmith	at ( 386 ) 454-0811, ext. 315  Area Code & Daytime Telephone Number			
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 ■\$43.75 Filing Fee & □	<b>1</b> \$43.75 Filing Fee & □\$52.50 Filing Fee			
Certificate of Status	Certified Copy Certificate of Status			
1 in a with	(Additional copy is Certified Copy			
ubmitted with itial application 5/03/16	enclosed) (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2016

MARK MESSERSMITH HALCYON MANUFACTURING INC 24587 NW 178TH PLACE HIGH SPRINGS, FL 32643

SUBJECT: HALCYON MANUFACTURING, INC.

Ref. Number: P01000039138

We have received your document for HALCYON MANUFACTURING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 516A00011219.

JUN 10 PH 3: 88

## Articles of Amendment to Articles of Incorporation of

Halcyon Manufacturing, Inc.	·
(Name of Corporation as current	tly filed with the Florida Dept. of State)
POI000039138	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	N (A
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	F. 07 6 -
•	
C. Enter new mailing address, if applicable:	NIA Z
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u>- λία</u>
	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	NIA
indice of their indicates and	
(Florida s	street address)
New Registered Office Address:	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	It:
	min and decept the congunous of the position.
Signature of New	Registered Agent if changing

address of each Officer's (Attach additional sheets, Please note the officer/dir P = President; V = Vice PExecutive Officer; CFO = held. President, Treasurer Changes should be noted a change, Mike Jones lear Mike Jones, V as Remove,	and/or D if necess rector title President Chief I r, Directo in the for	irector being added: ary)  be by the first letter of the office title: The Treasurer; S= Secretary; D= Director; Sinancial Officer. If an officer/director holds or would be PTD. Solution manner. Currently John Doe is listed or poration, Sally Smith is named the V and S.	officer/director being removed and title, name, and  TR= Trustee, C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office if as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<del>-</del>	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add		<del>.</del>	
Remove			
3) Change			
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Remove			
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4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

\_\_\_\_ Add

\_\_ Remove

If amending or adding additional Arti (Attach additional sheets, if necessary).		MA		
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F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ied in the amendment	itself:	
Increase total number	r of shares	Outstanding	trom	One-hundred
(100) to one-hundred-	+wenty-Tive	(125),		
		··· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		•	-	

The date of each amendment(s) adoption: _ date this document was signed.	May 1, 2016	, if other than the
<b>U</b>	e 1, 2016 (no more than 90 days after amenda	
	(no more than 90 days after amends	nent file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for		st for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		
"The number of votes cast for the an	nendment(s) was/were sufficient for appr	oval
by		,,,
C	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder acti	on and shareholder
Dated 7/	ay 16, 2016	
Signature Mas	Mun	·
	resident or other officer - if directors or	
	ncorporator – if in the hands of a receive ary by that fiduciary)	r, trustee, or other court
M	lark Messersmith	
	(Typed or printed name of person sign	ing)
C	, 00	
	(Title of person signing)	