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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations Clay Taylor Inc. NAME OF CORPORATION: P01000042985 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Denyse Taylor Name of Contact Person Clay Taylor Inc Firm/ Company 1359 Longhill Drive Apopka, FL 32712

City/ State and Zip Code clayty@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Denyse Taylor** $at \ (\frac{321}{\text{Area Code}}) \ \frac{2319434}{\text{Daytime Telephone Number}}$ 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 **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation** of

FULCO 14 JUN 23 AM 11: 10

Clay Taylor, Inc.

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

P01000042985	*
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent NA	
(Florida :	street address)
New Registered Office Address:	, Florida
(Cit	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	
Signature of New Registered	d Agent if changing
DIRMUME OF NEW RESISTENCE	i areni, u ununyiny

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Velrmil Saintil	208 S. Rossiter Street
Add			Mount Dora, FL 32757
Remove			
2) Change	D	Radley R Coleman	858 Grand Regency Pointe
Add			Altamonte Springs, FL 327
Remove			
3) Change	D	Chassity Florence	7317 Woodhill Park Drive
Add			Apt # 634
Remove			Orlando, FL 32818
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	iding or adding additional additional additional sheets, if necesso	ary). (Be specific	c)		
l/A					
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provis	mendment provides for an sions for implementing the	exchange, recias	silication, or cand it contained in the	ellation of Issued : e amendment itself	shares.
(ij	f not applicable, indicate N	(A)			_
/A					
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no mòre than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ June 19, 2014	
Signature Longo Tonlo	
(By a director, president or other officer – if directors or officers have not been selected, by/an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Denyse Taylor	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	