PO1000115342

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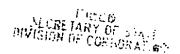
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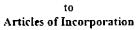
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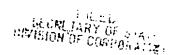
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fut Corbits Grading. Dr	<u> </u>
DOCUMENT NUMBER: PO1000115342	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following: SSICA Daun (Orbit) Name of Contact Person Pat (Orbit) (Srading) Firm/Company 115 East 13th Street Address St. Claud, Fr. 34769 City/State and Zip Code	
E-mail address: (to be used for-future annual report notification)	<u>lon</u>
For further information concerning this matter, please call:	
Daun CobiH at 407, 709 Name of Contact Person Area Code & Daytime Tele	9288
Name of Contact Person Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Scriffied Copy (Additional Copy is enclosed) S43.75 Filing Fee Scriffied Copy (Additional Copy is enclosed)	Status Y
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

Articles of Amendment





(Name of Corporat	ion as currently	filed with the Florid	a Dept. of State)	
P01000	11534	2		
(Docu	ment Number of (Corporation (if known)	
ant to the provisions of section 607,1006, Floric ticles of Incorporation;	la Statutes, this FI	lorida Profit Corpora	tion adopts the follo	owing amendment(
amending name, enter the new name of the c	orporation:			
PC brading, Inc	. •			The new
must be distinguishable and contain the wo o.," "Inc.," or Co.," or the designation "Corp "chartered." "professional association," or the	rd "corporation, o," "Inc," or "Co abbreviation "P.	o". A professional c A."	orporation name m	e abbreviation ust contain the
nter new principal office address, if applicabl	e:	115 Eas	+ 13 th :	Street
cipal office address <u>MUST BE A STREET AD</u>	DRESS)	115 Eas St. Ciou	id FL 3	34769
				· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable: Iuiling address MAY BE A POST OFFICE BO	2 VI	NA		
Tulling utations MAT DE ATOST OFFICE BE	<u>/</u> /			
			· · · · · · · · · · · · · · · · · · ·	
amending the registered agent and/or registor		ss in Florida, enter tl	e name of the	
w registered agent and/or the new registered				
Name of New Registered Agent	MA			
·	(Florida street	t address)		
New Registered Office Address:	NA		, Florida	
	. (0	liņy	(Zip Code)
Registered Agent's Signature, if changing Re	pistered Agent:			

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 Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VP Patrick D. Corbitt	4664 Hickory tree LN. St. Cloud, FL
Add	•	St. Cloud, FL
Kemove		34772
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		·
Add		
Remove		

amending or adding additional Articles, attach additional sheets, if necessary). (Be	e specific)	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		<u></u>
		
<u> </u>		

		-
an amendment provides for an exchange rovisions for implementing the amendme	reclassification, or cancellation of issuent if not contained in the amendment	ied shares,
(if not applicable, indicate N/A)	NA	
	•	
		· -
	·	
		:
		,

The date of each amendment(s) ac	doption:, if other
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
bv	(voting group)
· · · · · · · · · · · · · · · · · · ·	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.	upled by the meorporators without stational action and shadonotes.
Dated	120/18
Signature	exica Dan Cabit President
(By)a (director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Jessica Dawn Corbitt (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	tresident