## P030000 10445

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: HIGH TECH FAE	BRICATORS INC				
DOCUMENT NUM	P03000010445					
The enclosed Article	rs of Amendment and fee are su	ibmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	MICHAEL WELLS					
	. –	Name of Contact Person	1			
	HIGH TECH FABRICATORS INC					
	Firm/ Company					
	3291 OLEANDER AVENUE					
	Address					
	FORT PIERCE FL 34982					
		City/ State and Zip Cod	e			
TA	XSHOPPEFLA@AOL.COM		ي			
	E-mail address: (to be u	sed for future annual report				
n e a te s		.,				
For further informati	on concerning this matter, pleas	se call:				
MICHAEL WELLS		at (	370-2573			
Name	e of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HIGH TECH FABRICATORS INC	

<del>_</del>	ently filed with the Florida Dept. of State)
P03000010445	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>.</u>
name must be distinguishable and contain the word "corpore" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "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> )	
C. Enter new mailing address, if applicable:	ill 👳 📆
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	7
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
-	1000
Name of New Registered Agent	
-	
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zîp Code)
New Registered Agent's Signature, if changing Registered Age	gent:
I hereby accept the appointment as registered agent.—I am famili	
Signature of No	rw 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	<u>PT</u>	John Doe	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	RANDY L ROGERS	8522 LONESOME PINE TRAIL
Add			FORT PIERCE FL 34945
X Remove			<u></u>
2) Change			
Add			
Remove			
3 ) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	(Be specific)
<u> </u>	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del>-</del>	
	4
• •	

JUNE 28 2017	
The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as th
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)	
(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.	
JUNE 28 2017 Dated	
Signature Wichal T Wells  (By a director, president or other officer – if directors or officers have not been	
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)	
MICHAEL WELLS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	