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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Anderson Custom Creations, INC.
DOCUMENT NUMBER: <u>10300001.51,46</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Anderson Custom Creations, INC.
316 N. Atlantic Ave. Suite A
Cocoa Beach FL 32931 City/ State and Zip Code
<u>Ferry Qanderson Custom Creations</u> Com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry R. Anderson at (407) 7100-04108 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 Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (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

ANDERSON Custom CreatiONS, TNC.	_	
(Name of Corporation as currently filed with the Florida Dept. of State) P03000/5444	_	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		
N/ 18	The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ad "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS]	bbrevid contair -	ition i the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ha 12 ADA 51 EN	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	:u Æ	provid by
new registered agent and/or the new registered office address:	ďΩ	
Name of New Registered Agent Lerty K. Hrderson dding middleinitied 374 N. ATLANTIC AVC. Suite A (Florida street address)		
New Registered Office Address: Conca Beach, Florida 3293/ (City), Florida (Zip Code)	-	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I fin familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing		

If arcending 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	PT John D	ne	
X Remove	V Mike Jo	ones	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
(1) Change	residen	+ Terry R. Andersu	ON 376 N. Atlantic Are Suite A Corpa Beach, Ft
Add Remove	need midd	dle initial added	Corna Beach, FL 329
2) Change			
Add			·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing or adding additional sheets, i	if necessary).	(Be specific)			
	N/A					
	<u>V / 24</u>		-			
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f an amer	<u>ndment provide</u>	es for an exch	ange, reclassifica	ition, or cancella	tion of issued share	<u>5.</u>
	<u>is for implemen</u> Of applicable, ind	ting the amer	idment if not cor	tained in the am	endment itself:	
provision	y applicable, inc	MCMG IVA)				
(if no	1 /					
(if no	2					
(if no				. , , , , , , , , , , , , , , , , , , ,		
(if no						
(if no	7					
(if no						
(if no	7					
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(if no	7					
provision (if no	1					

The date of each amendment(s) adoption: $\sqrt{/P}$ date this document was signed.	, 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 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.	
Dated 11-20-13	
Signature Lerry L. Anderson	
(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)	
TERRY R Anderson (Typed or printed name of person signing)	
President	
(Title of person signing)	