P030000072047

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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Offers Restorations Inc DOCUMENT NUMBER: PO3000072047					
DOCUMENT NUMBER: P0300072047					
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 Whar Restorations First Firm/ Company 10 S. Scenic Hay Address Frost proof, FL. 31843 City/ State and Zip Code E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sandra OHara at (863) 453 - 0013 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Taliahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

Articles of Incorporation
O'Hara Restorations INC
(Name of Corporation as currently filed with the Florida Dept. of State)
D0200000001
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Sandra o'Hara
10 Scenic Highway, Fras Yproof, Fl. 33843 (Florida street address)
New Registered Office Address: 10 Scaric Highway, Frish, Florida F/ 33843 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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:

 $P \approx President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	<u> Jones</u>	
X Add	SV Saliv	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	7	Robert O Hara	10 scenic Highway Frustproof, Fl. 33843
Add Remove			Frustproof, Fl. 33843
2) Change	ST	Sandra O'Hara	10 sceric Highway
Add			Frostproof, F1.
Remove 3) Change	7	Sandra OHara	10 scenic // hany
Add Remove			10 scenic Highway Frustproof, Fl. 33843
4) Change	57	Donna Murray	124 Wood Stork way
Add Remove		/	Frestprof, F1. 33843
5) Change	D	David Justin Deen	/
Add Remove			Fristproof, F1.
6) Change			
Add			
Remove			

ttach addition	adding additional Artical sheets, if necessary).	(Be specific)	s) here:	
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an amendme	nt provides for an exch implementing the ame	ange, reclassificati	on, or cancellation	of issued shares,
(if not app	licable, indicate N/A)	nument ii not cont.	amed in the amendi	ment itsen.
	,			
		1-1		
	N	111		

date this document was signed.	, if other than
Effective date if applicable:	
(no more than 90 days a	after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffici	ient for approval
by(voting group)	37
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shar action was not required.	reholder action and shareholder
Dated3/14/2014	
Signature Sandan Offa	
(By a director, president or other afficer – if of selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Sandra Of	Yara
(1 yped or printed n	ame or person signing)
Presiden	<u> </u>
(Title of per	rson signing)