## P04000042236

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## **COVER LETTER**

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	•	COVER LETTER		6
TO: Amendment Section Division of Corp				16 St 26 M 8:55
NAME OF CORPO	RATION: JAMES MICHEL	CARPENTRY, INC.		R Salar
DOCUMENT NUM	BER: P04000042236			Sh 46
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DOUGLAS JAMES MICHE	L		
		Name of Contact Perso	n	
	JAMES MICHEL CARPEN	TRY, INC		
		Firm/ Company		
	7007 PRESTWICK CIR N			
		Address		
	JACKSONVILLE, FL 32244	l .		
		City/ State and Zip Cod	e	
doug	lasjmichel@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
DOUGLAS JAMES !	MICHEL	904 at (	400-2163	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations Box 6327	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



JAMES MICHEL CARPENTRY, INC.

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	6. C.
P04000042236			O.S. T
	(Document Number	of Corporation (if known)	P
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
• • •		7	The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abb "Co". A professional corporation name must co "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		7007 PRESTWICK CIR N	
		JACKSONVILLE, FL 32244	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7007 PRESTWICK CIR N	
		JACKSONVILLE, FL 32244	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	DOUGLAS JAMES MIC	CHEL	
	7007 PRESTWICK CIR	N	
	(Florida s	treet address)	
New Registered Office Address:	JACKSONVILLE	32244 Florida	
		(City) (Zip Co	de)
New Registered Agent's Signature, if c		<b>it:</b> with and accept the obligations of the position.	
. Not only weeept me appointment as region			
	) may to	James Marfal	
A	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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEO		DOUGLAS JAMES MICHEL	7007 PRESTWICK CIR N
X Add				JACKSONVILLE, FL 32244
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	·	<del></del>		
Add				
Remove				

ARTICLE VII OFFICERS	
THE NAMES AND ADDRESS OF THE OFFICERS ARE: PRESIDI	ENT: JAMES MICHEL
	7007 PRESTWICK CIR N
	JACKSONVILLE, FL 32244
CEO:	DOUGLAS JAMES MICHEL
	7007 PRESTWICK CIR N
	JACKSONVILLE, FL 32244
ARTICLE VI REGISTERED AGENT AND ADDRESS	
THE NAME AND ADDRESS OF THE REGISTERED AGENT IS:	DOUGLAS JAMES MICHEL
	7007 PRESTWICK CIR N
	JACKSONVILLE, FL 32244
F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained i (if not applicable, indicate N/A)  N/A	cancellation of issued shares, n the amendment itself:
the difference of the control of the	

	SEPTEMBER 20, 2016	
The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	SEPTEMBER 20, 2016	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	:(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	rent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder	der
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
SEPT Dated	EMBER 20, 2016	•
Signature	Dough of new Malms	
(E s	By a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	DOUGLAS JAMES MICHEL	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	