PUVOOSOII

(Re	equestor's Name)				
(Ad	dress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
Checkbox Name					
	•				

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DEC 01 2015

R. WHITE

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2015

CURTIS GEOHAGAN 415 JUNIPER LAKE RD DEFUNIAK SPRINGS, FL 32433

SUBJECT: C & K VINYL INC. Ref. Number: P04000150117

We have received your document for C & K VINYL INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please print the name of the corporation at the top of page 1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 715A00023876

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: C+K Vinyl, Inc P04000150117 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Curtis Geohagan
Name of Contact Person C+K Vinyl, Inc 415 Juniper Lake Road
Address DeFuniak Springs, FL 32433 Susie. duke @ davidy johnsonapa. Com E-mail address: (to be used for future arrual report notification) For further information concerning this matter, please call: at (850) 803-2741

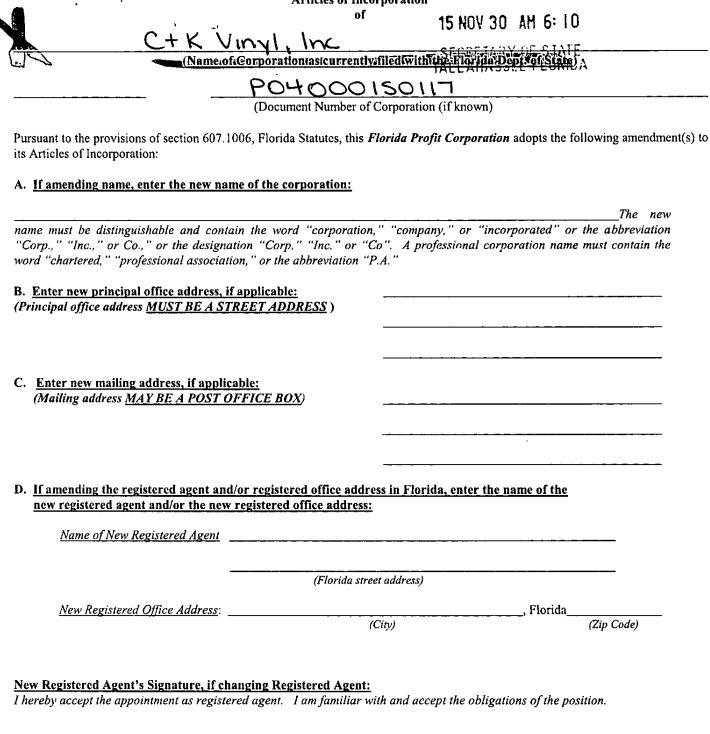
Area Code & Daytime Telephone Number Curtis Geonagan
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **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
Tallahassee, FL 32301

Articles of Amendment

to '
Articles of Incorporation

FILED



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.

Example:	c, ana sa	by Shin, Dr us an had.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S	Robert J Strouse	3866 1st Ave
Add			Laurel Hill, FL 3256
Remove			
2) Change	S	Carlton Medellan	389 2nd Avenue
Add			Laurel Hill FL 32567
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Λ CI			
6) Change			
Add			
Remove			

. <u>If am</u> Attac)	ending or adding additional Arti ch additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
	12/A = 4/4		
			
		<u> </u>	
			
			··· ·
			
If an	amendment provides for an exch	nge, reclassification, or cancellat	tion of issued shares,
prov	visions for implementing the ame (if not applicable, indicate N/A)	dment if not contained in the amo	endment itself:
	NIA		
	CONTRACTOR		
		<u> </u>	
		N- N-	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective data if applicable	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	rment
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Doted 11/3/2015	
Dated 11/3/2015 Signature Cutto Sether	
(By a director, president or other officer ← If directors or officers have not been also as the contract of t	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt .
Curtis Geonagan	
(Typed or printed name of person signing)	
President	
(Title of person signing)	