P04000154225

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATION OF CORPORATION

MAY 23 2017 C MCHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: COMPLETE DES	IGN SOLUTIONS, INC.			
DOCUMENT NUM	IBER: P04000154225				
The enclosed Articles	s of Amandmant and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	LARRY KENT				
		Name of Contact Person	1		
	COMPLETE DESIGN SOLUTIONS, INC.				
	Firm/ Company				
	11125 PARK BLVD, SUITE 104-271				
	Address				
	SEMINOLE, FL 33772				
		City/ State and Zip Cod	e		
LMI	K3NT@YAHOO.COM				
	·=	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
LARRY KENT			608-2327		
	of Contact Person	at (727	de & Daytime Telephone Number		
Nanie	of Confact Person	Alea Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)		
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations		
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallabasese, FL 32301			

Articles of Amendment ŧo Articles of Incorporation of

COMPLETE DESIGN SOLUTIONS, IN	C.		姜
(Name o	f Corporation as curren	tly filed with the Florida D	ept. of State)
P04000154225			Ŋ
	(Document Number	of Corporation (if known)	3
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11125 PARK BLVD, S	UITE 104-271
		SEMINOLE, FL 33772	
C. Enter new mailing address, if appli		11125 PARK BLVD, S	SUITE 104-271
(Bruiling universa MAT DE ATOST)	MINCE BOX	SEMINOLE, FL 33772	
D. If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	JANET RAMBOW		
	11125 PARK BLVD, SU	ЛТЕ 1 04 -271	
	•	treet address)	
New Registered Office Address:	SEMINOLE		, Florida
		(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.

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: X Change	<u>PT .</u>	John Doe	
X Remove	<u>v</u> <u>1</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	GILBERT, KATHY D	11681 OAK AVENUE
Add			SEMINOLE, FL 33772
X Remove			
2) Change	VP	HENSON, CARLA L	1335 EBLEN LANE
Add			LENOIR CITY, TN 37771
X Remove			
3) Change	S.T	HENSON, JOSEPH C	1335 EBLEN LANE
Add			LENOIR CITY, TN 37771
X Remove			
4) Change	P	RAMBOW, JANETTE	11125 PARK BLVD, SUITE 104-
X Add			SEMINOLE, FL 33772
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment		, if other than the
late this document was signed	02/03/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date Department of State's records.	ete will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment() ere sufficient for approval.	s)
•	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
py	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	er
Dated	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 componited fiduciary by that fiduciary)	
	KATHY D. GILBERT	
	(Typed or printed name of person signing)	
	P	•
	(Title of person signing)	.