(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		





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SECRETARY OF STATE
TALL AHASSEE FLORIDA

HAR 10 2016 R. VVMITE

## COVER LETTER

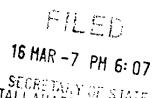
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: C-10bal Disaster Recovery Inc
DOCUMENT NUMBER: <u>P050000 4028</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Swerry Name of Contact Person  Gobal Disaster Recovery Inc  Firm/Company
13333 Overseas Highway  Address  Marathon Fl 33050  City/ State and Zip Code
E-mail-address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Paul Sweeney at (36) 743-1914  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  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 Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Clobal Discister Reco	Avery In		TALLAHASSEE	)î STATE FLORIGA
(Name of Corpo	oration as currently	filed with the Florida	a Dept. of State)	- A
PO 50000004028				
(D	ocument Number of C	Corporation (if known)	)	·
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:  A. If amending name, enter the new name of the section of the section is a section of the		orida Profit Corpora	tion adopts the followi	ng amendment(s)
A. It amending name, enter the new name of t	ne corporation.			
name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of	Corp," "Inc," or "Cor the abbreviation "P.	o". A professional c		
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>				· · · · · · · · · · · · · · · · · · ·
				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
D. If amending the registered agent and/or registered agent and/or the new registered.		ss in Florida, enter th	ne name of the	
Name of New Registered Agent				_
	(Florida stree	t address)		_
New Registered Office Address:			, Florida	
	(C	City)	(Zi <sub>I</sub>	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago		th and accept the obli	gations of the position	
	Signature of New Reg	gistered Agent, if chan	nging	<del></del>

## 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	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		-	
Add					
Remove					
2) Change				-	
Add					
Remove					
3 ) Change		_			A CHARLES AND A
Add				-	
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_		-	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Amending the current percent of corporate Stock,
Paul Sweeney (EO 51% Lisa Stuart Treasurer 49%
Table of the second of the sec
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) adoption: $\frac{2-16-15}{6}$	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> : <u>2-16-15</u>	
(no more than 90 days	after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vertical must be separately provided for each voting group entitled to vote set	
"The number of votes cast for the amendment(s) was/were suffi	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	it shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.  Dated  Signature  (By a dipeter, president or other officer – if	directors or officers have not been
selected, by an incorporator — if in the hand appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
(Typed or printed name of	f person signing)
(Title of pers	on signing)