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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

JUL 2 9 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SWEARIN DOCUMENT NUMBER: P050000051		STONE, INC.
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
HELEN A. JONE	ES	
	Name of Contact Person	n
ROCK SPRINGS	S TAX & ACCOU	
	Firm/ Company	
13 EAST TANG	LEWOOD DRIVE	
	Address	
APOPKA, FL. 32	2712	
	City/ State and Zip Cod	e
ROCKSPRINGSTA	X@AOL.COM	
	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
KATHY SWEARINGEN	at (352	, 589-5068
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Cliftor 2661 I	Address diment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

SWEARINGEN CUSTOM STONE, INC.				
(Name of Corporation as currently filed with the F	lorida Dept. of State)	_		
P05000005167				
(Document Number of Corporation (i	f known)	-		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendm	ent(s)	to
A. If amending name, enter the new name of the corporation:		T.I.		
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must c		n	
B. Enter new principal office address, if applicable:	26143 LEEWARD ROAD			
(Principal office address MUST BE A STREET ADDRESS)	EUSTIS, FL. 32726	-		
		_		
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 new registered agent and/or the new registered office address	ress in Florida, enter the name of the			
Name of New Registered Agent NA		TALL	14	
(Florida st	reet address)	.AHA	Ē	- :
New Registered Office Address:	. Florida	\RY SSE	ţ	
New Registered Office Address. (City)		TARY OF STATE	14 PM 3:4	2000 2000 2000 2000
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		ATE RIOA	84	
NA	and the same state 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 = 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>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	SEC	MARK BOVARD	PO BOX 438
Add			SORRENTO,FL. 32776
Remove			
2) Change	SEC	WILLIAM NISSEN	PO BOX 438
Add			SORRENTO, FL. 32776
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			## of the shoulder .
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	. (Be specific)
IA	
. 500	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nemanent is not contained in the amendment itself.
IA .	
- 14 - 2 - 10 L	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_JULY 11, 2014	
Signature Inald Juga	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DONALD SWEARINGEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_