## P050000 11763

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Amend. 4/16/15

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Certified Mold Solutions In	o.C.		
DOCUMENT NUMBER: <u>P0500001176.3</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maureen Shoren  Name of Contact Person  Certified Mold Solutions Inc.  Pirm/ Company  Lol HO Edge water Drive, Suite D  Address  Orlanda Florida 32810  City/ State and Zip Code  Certified mold Solutions, 019  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:  1 Maureen Shoren 400 558-  1 Wen Bishop at (401) 277-9	8556 1050		
Name of Contact Person at (707) Area Code & Dayrime To	elephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee & Certificate of Status  Certificate of Certifica	f Status py Copy		
Mailing Address Street Address			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

, , Articles of In	- ·
Certified Mold Solutions	Inc.
(Name of Corporation as currently filed with the	Florida Dept. of State)
P05000011763	<u> </u>
(Document Number of Corporation (	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
~ / A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6140 Eggewater Drive
(Principal office address MUST BE A STREET ADDRESS)	GIHO Edgewater Drive Suite D Delando, Fl 32810
	Delante El 31811)
	CIETANIO, P. Jane
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
	<u> </u>
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	8:
Name of New Registered Agent Maurech St	noken AS P B
	-71
(Plorida st	ter Dr Stc D
New Registered Office Address: DE lando	Florida 32810
(City,	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Maureen &	lover
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.

Krampie: X Change	PT John Doe	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
Change Add Remove	5/T Edgren Scanette	1400 Village Square Blud Tallahassee, Fl. 32312
2) Change Add Remove	P/VP Edgen, Richard Shoeen	Tolla hassee, F1. 32312 6140 Edgewater Dr.
Change Add Remove	P/VP/S/T MAUREEN	Suite D Delando, F. 1. 32810
4) Change Add Remove		
5) Change Add Remove		
6) Change Add	·	

A	nal sheets, if necessar	y). (Be specific)			
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an amendn	ent provides for an	ETCHNITAE, LECTURARIT			
rovisions fe	r implementing the	amendment if not c	ontained in the Ru	endment itself;	
rovisions fo (if not ap	ent provides for an or implementing the inplicable, indicate N/A	amendment if not c	entained in the so	endment itself;	
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erovisions fe	r implementing the	amendment if not c	antaiged in the av	endment itself;	

The date of each amendment(s) ado	ption: N/H	, 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)	
Adoption of Absentianias	(LARCA ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 4	18/2015	
Signature	ich Edgren Greadent	<del>_</del>
selected,	ector, president of other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Richard Edgren (Typed or printed name of person signing)	
_	Richard Edgren (Typed or printed name of person signing)  President	
	(Title of person signing)	