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COVER LETTER

TO: Amendment Section Division of Corporations

| | C & 1 Services of | North Florida Inc | |
|----------------------------|--|---|---|
| NAME OF CORPORA | TION: P05000099105 | | |
| DOCUMENT NUMBE | | | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | |
| Please return all correspo | ondence concerning this ma | tter to the following: | |
| | hris Bowron or Sara Bow | | |
| | & T Services of North Fl | Name of Contact Person orida Inc | 1 |
| . 2 | 135 Tom Thumb Court | Firm/ Company | |
| . M | iddleburg Florida 32068 | Address | |
| _ | | City/ State and Zip Cod | e |
| Chris | bowron@Ymail.com | | |
| | E-mail address: (| to be used for future annua | d report notification) |
| | | | |
| For further information c | oncerning this matter, pleas | se call: | |
| Chris Bowron | | 904 | 219-5738 |
| | | |) |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for t | he following amount made | payable to the Florida Dep | 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) |
| Ameno Divisio P.O. B | ng Address Iment Section on of Corporations fox 6327 assee, FL 32314 | Amen Divisi Cliftor 2661 I | Address dment Section on of Corporations i Building Executive Center Circle assee, FL 32301 |

18 JUL 12 RM 10: 13



June 8, 2018

CHRISTOPHER BOWRON 2135 TOM THUMB CT MIDDLEBURG, FL 32068

SUBJECT: C & T SERVICES OF NORTH FLORIDA, INC.

Ref. Number: P05000099105

We have received your document for C & T SERVICES OF NORTH FLORIDA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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: 318A00012007

www.sunbiz.org



June 25, 2018

CHRISTOPHER BOWRON 2135 TOM THUMB CT MIDDLEBURG, FL 32068

SUBJECT: C & T SERVICES OF NORTH FLORIDA, INC.

Ref. Number: P05000099105

We have received your document for C & T SERVICES OF NORTH FLORIDA, 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):

An officer/director must sign authorizing the adoption of amendment on page 4(of 4).

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: 718A00013191

Articles of Amendment to Articles of Incorporation of

C & T Services of North Florida Inc

| (Name of Corporation as currently P05000099105 | filed with the Flori | da Dept, of State) | | |
|--|--|-------------------------------|------------------------------------|---------------------------|
| (Document Number of | of Corporation (if kr | own) | | |
| Pursuant to the provisions of section 607,1006, Flor Incorporation: | rida Statutes, this <i>co</i> r | poration adopts the following | ing amendment(s |) to its Articles of |
| A. If amending name, enter the new name of the | corporation: | | | |
| | | | | The new |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Con word "chartered," "professional association," or th | rp," "hrc," or "Co | '. A professional corporat | ated" or the ab ion name must c | breviation contain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL | ole: DDRESS) | | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u>BOX</u>) | | | · 🗻 Šic |
| | | | ··· | |
| D. If amending the registered agent and/or registered agent and/or the new registered | tered office addressed office address: | in Florida, enter the nam | e of the | 12 R |
| | | | | 9 55 |
| num of res regiments rigen | | | | |
| | (Florida stree | t address) | | 7 |
| New Registered Office Address: | | , Florida | | _ |
| TEN MESTICE OF THE STATE OF THE | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing R | legistered Agent: | | | |
| I hereby accept the appointment as registered agent | t. – I am familiar witi | and accept the obligations | of the position. | |
| Signature of | New Registered Age | nt, 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: \underline{X} Change | <u> 14</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> AMBR | Name Adam Bowron | Address 7297 Eagles Perch Drive |
| 1) Change Add Remove | TR | Adam Bowion | Jacksonville FL 32244 |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove Change Add | | | |
| Remove 6) Change Add Remove | | | |

| | neers, y necessary). | (Be specific) | | | |
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| | | haran malamifiant | tion, or cancellatio | n of issued shares, | |
| lf an amendment | provides for an exc | nange, reciassincai | | | |
| If an amendment provisions for im | provides for an exc | endment if not cont | tained in the amen- | dment itself: | |
| provisions for im | provides for an exc plementing the am- able, indicate N/A) | endment if not cont | tained in the amen | dment itself: | |
| provisions for im | plementing the am- | endment if not com | tained in the amen | <u>dment itself:</u> | |
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| provisions for im | plementing the am- | endment if not con | tained in the amen | dment itself: | |

| The date of each amendment(s) adoption: | If other than th |
|--|------------------|
| 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 east for the amendment(s) was/were sufficient for approval | |
| by | |
| (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. | |
| June 14, 2018 | |
| Signature / / // // // // // // // // // // // / | |
| (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) | |
| Sara K Bowron | |
| (Typed or printed name of person signing) | |
| VP | |
| (Title of person signing) | |