P05000123000

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
	(10)	10
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900187619099

11/16/10--01025--005 **35.00

Amus

SECRE TARY OF STATE
DIVISION OF CORPORATIONS

Whotens DEC 0 1 2018



RECEIVED

10 DEC -1 AM 8: 17

FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 19, 2010

PRISCILIANO SANCHEZ SANC DRYWALL INC. 409 AVENUE O S E WINTER HAVEN, FL 33880

SUBJECT: S A N C DRYWALL, INC. Ref. Number: P05000123000

We have received your document for S A N C DRYWALL, 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):

Please list the title(s) of each officer in your document.

Please show titles such as P,V,T,S & D.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 510A00027204

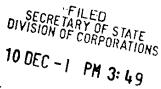
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	SANC DRYWALL INC	•	
DOCUMENT NU	MBER:	P05000123000		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.		
Please return all co	rrespondence concerning this	s matter to the following:		
	PRISCILIANO SANCHEZ			
Name of Contact Person				
SANC DRYWALL INC.				
Firm/ Company				
	409 AVENUE O SE			
Address				
	WINTE	ER HAVEN, FL. 33880		
	City/ State and Zip Code			
	bryant E-mail address: (to be used	1san@aol.com I for future annual report notification)		
For further informa	ation concerning this matter, j	please call:		
	CILIANO SANCHEZ	at (<u>863</u>) <u>41</u>	2-0064	
Name	of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check	for the following amount m	ade payable to the Florida Departs	ment of State:	
 	\$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)	
Mailing 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 Incorporation** of



SANC DRYWALL,INC.	PH 3: 4	
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
P05000123000		
(Document Number of Corporation (if known)	-	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporate</i> amendment(s) to its Articles of Incorporation:	ion adopts the following	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "company," or "incompany abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional association," or the abbreviation "P.A.	sional corporation	

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

BRYANT E. SANCHEZ

409 AVENUE O SE

New Registered Office Address:

(Florida street address)

WINTER HAVEN

, Florida 33880

(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.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	BRYANT E. SANCHEZ	409 AVENUE O SE WINTER HAVEN FL. 33880	
			Add Remove
P. BALTA	ling or adding additional Articles, en Iditional sheets, if necessary). (Be sp AZAR SANCHEZ	ter change(s) here: ecific)	
<u>provisio</u>	nendment provides for an exchange, ins for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: 11-11-10		
Effective date if applicable:	11-11-10	(date of adoption is required)
	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		he shareholders through voting groups. <i>The following statement</i> g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the ame	ndment(s) was/were sufficient for approval
ъу		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_11-1	1-2010	
Signature _	Parlo	dent or other officer – if directors or officers have not been
sei	ected, by an inco	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		PRISCILIANO SANCHEZ
	(Ту	yped or printed name of person signing)
		DIRECTOR
	(Title o	of person signing)