P05000151237

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SECRETARY OF STATE

SEP 1 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OSEPH W CREWS INC						
DOCUMENT NUMBER: P05000151737						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
JOSEPH W CREWS						
Name of Contact Person						
V. W. CREWS NE Firm/Company						
619 LAKE TAHOE CIRCLE Address						
COCOA FL 3292 C City/ State and Zip Code						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Maus at (561) 313 8219						
Mame of Contact Person at (561) 3/3 92/2 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Amendment Section Amendment Section						

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 AUG 22 AM 11: 00

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P05000151737	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	COCOA FL
	3282 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	619 LAKE TANDECIRCLE
	COCOA FL
	72928
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ice address in Florida, enter the name of the address:
Name of New Registered Agent	
(Flo	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	LAgent:
hereby accept the appointment as registered agent. I am fa	imiliar with and accept the obligations of the position.
//,	
1 Les	A IMA
Eignature o	f 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	nith .	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Add Remove				Anni Aye daba
				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
,	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provicione for implementing the	ndment if not contained in the amendment itself:
Cifered and its all and the AMA	
(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	if bther than the
date this document was signed.		JIVISION OF CORPORATION
Effective date if applicable:	/MM/D/ATELY (no more than 90 days after amendment file date)	2016 AUG 22 AM II: 00
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this adocument's effective date on the De	block does not meet the applicable statutory filing requirements, t epartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
	proved by the shareholders through voting groups. The following six 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)	
	(voling group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	eholder .
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	ler
Dated 8/1	gh a on	
Signature	uh la Ores	
By a d	lirector, president or other officer – if directors or officers have not	been
	d, by an incorporator – if in the hands of a receiver, trustee, or othe	
appoin	ted fiduciary by that fiduciary)	
	TO FROM 100 CASTUC	
	TOSEPW W CREWS (Typed or printed name of person signing)	
	(Title of person signing)	
	/(Title of person signing)	