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SECRETARY OF STATE

Amend & M/C

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JUL - 6 2010

COVER LETTER

'TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Catalys! Contractors Inc. P06000 153650 **DOCUMENT NUMBER:** _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Riea
Name of Contact Person Catalyst Contractors Inc. 11305 Hatcher Circle Orlando, FL 32824 manyelbanna 21 Chotnail. um mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vichelle Rea at (321) 443 2170

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & □\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Catalyst Contractors Inc. (Name of Corporation as currently filed with the Florida Dept. of State) POGOD 153650 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

HSE Contracto		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "profi	designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	CE BOX)	
D. If amending the registered agent and/or re		Florida, enter the name of the
new registered agent and/or the new regis	tereu office address:	1
Name of New Registered Agent:		 '
New Registered Office Address:	(Florida street a	ddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as		the obligations of the position.
Si	gnature of New Registerea	Agent, if changing

' (Attach additional sheets, if necessary) <u>Title</u> **Name** Address Type of Action president HANY ELBANNA Orlando, 5632824 - Remove ☐ Add ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

The date of each amendment(s) adoption:	5-28-2c	0/0
Effective date if applicable:	_ •	(date of adoption is requ	ired)
	(no more than 90	2010 days after amendment file	? date)
Adoption of Amendment(s)	(СНЕ	CK ONE)	
The amendment(s) was/wer by the shareholders was/we			of votes cast for the amendment(s)
			ing groups. The following statement rately on the amendment(s):
"The number of votes of	ast for the amenda	ment(s) was/were sufficier	nt for approval
by	(voting group)		1
A COMMITTER STATE OF THE PARTY.	(voting_group)	· · · · · · · · · · · · · · · · · · ·	ma in the contract of the cont
action was not required.	-		shareholder action and shareholder eholder action and shareholder
action was not required.	_		
Dated	128/10 V/chell	12 Ren	
(By		orator - if in the hands of	ectors or officers have not been a receiver, trustee, or other court
	Miche	GIEREA ed or printed name of pers	son signing)
	Cuner (Title of p	President person signing)	<u>+</u>