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200296976102

03/23/17--01022--003 **85.00

COVER LETTER

TO: Amendment Section Division of Corporations Florida Disaster Becovery & Restorat The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: isaske Recovery & Res ecored @ aol. Com For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy 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

(Additional Copy

is enclosed)

Articles of Amendment

10

Articles of Incorporation

of 1/ [
Florida Disaster Recovery 3. Restoration Services In (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently fred with the Physical Dept. or State)
70'1000014175
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 Scot Elliott
1512 Array Ciecle, NSB Fl. 32168
New Registered Office Address: New Some as above (City) Same as above (City)
Same as above
Name Dogistored Agent's Signature if changing Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam jamiliar 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)

Please note the officer-director title by the first letter of the office title;

 $P = President \ V = Vice President, T = Treasurer; S = Secretary; D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chair Executive Officer; CFO + Chair Financial Officer. If an officer director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

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	PT John Do	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally S</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
	Pres, Treasurer	Gregory O. Reimer	1512 Are way Creck
Add Remove			NSB, FL 32168
2) <u>L</u> Change	Pr <u>es</u>	Suzanne Kaiser	1512 thenay Crede Nob, Fl 32168
Remove 3.) Change	VP_	Scot EU.oH	1512 Areway Creck NSB, FL. 32168
Remove 4) Change Add	<u>Sec</u> reta	ey Cassidy Ulvested	1512 Aremay Crecle NSB, F1. 321108
Remove 5) Change Add			
Remove			
Add			
Remove			<u> </u>

attach additional sheets. if necessary).		
		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	idment if not contained in the amendment itself:	
(if not applicable, indicate NA)		
		

The date of each amendment(s) adoption:	, if other than th
date this document was signed:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
Dated 3,27,17	
Signature 2. Kattoolo (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)	
Surance E. Harsey (Typed or printed name of person signing)	
V.P. (Title of person signing) (New Owner)	
(Title of person signing)	
(New Owner)	