P	JON 1301	
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Ć	Address)
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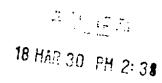
MAR 02 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	MARK PAYS WO	OODWORKING INC			
	P07000122489				
DOCUMENT NUM			······································		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this mat	tter to the following:			
	MARK J PAY				
		Name of Contact Persor	)		
İ	MARK PAYS WOODWOR	KING INC			
		Firm/ Company			
	590 NORTH LORI POINT				
	Address				
	INVERNESS, FL 34453				
City/ State and Zip Code					
GI					
	E-mail address: (	to be used for future annua	report notification)		
For further information	on concerning this matter, pleas	se call:			
MARK J PAY		352	302-2997		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
An Di B.C	nailing Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		

## Articles of Amendment to Articles of Incorporation of



MARK PAYS WOODWORKING INC			ţ ·		
(Name of Corporation as currently	y filed with the Flor	ida Dept. of State)	<u> </u>	, <del>,</del>	
P07000122489					
(Document Number	of Corporation (if ki	nown)			
Pursuant to the previsions of section 607.1006, Flo Incorporation:	rida Statutes, this <i>co</i>	rporution adopts the	following amer	ndment(s) to its Art	ticles c
A. If amending name, enter the new name of the	corporation:				
N/A				The new	
name must be distinguishable and contain the w "Corp." "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co	". A professional c	ncorporated" o prporation nam	or the abbreviation ne must contain the	1 ?
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	<u>BON</u> )		<del></del>		
		<u> </u>			
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address	s in Florida, enter th	e name of the		
Name of Yew Registered Agent	eti omee addiess.				
	(Florida stree	et address)	<del>.</del> ——		
New Registered Office Address:			lorida		
	(City)		(Zij	n Code)	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registered agen	nt. – Lam familiar wit	h and accept the obli	gations of the p	osition.	
Signature of	f New Registered Ago	ent, 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.

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

held. President, Teasurer, 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:			
<u>X</u> Change	<u>PT</u> į	<u>ohn Doe</u>	
X Remove	<u>V</u> 2	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)	D	PAUL O ALLISON JR	8801 EAST MOON RISE LANE
T) Change X			APT #153
Add			FLORAL CITY, FL 34436
Remove			
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change	<del></del>		
Add			
12			

G.	If amending o	r adding additional Artic	les, enter change(s) here:
	* (Attach*addii	onal sheets, if necessary).	(Be specific)
			· · · · · · · · · · · · · · · · · · ·
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_	. <u>.</u>	<u>.                                    </u>	
H.	<u>If an amendm</u>	nt provides for an exchar	ige, reclassification, or cancellation of issued shares,
	provisions for	implementing the amend	ment if not contained in the amendment itself:
		ncame, maicate (874)	
N/	A		
	<del>-</del>		
_			<u> </u>
	-		
_		<u> </u>	
_			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date	<u> </u>
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendmen (s) was/were adopted by the shareholders. The number of votes cast for the ame by the shareholders was/were sufficient for approval.	endment(s)
☐ The amendmen (s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	g statement nt(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
The amendmen (s) was/were adopted by the board of directors without shareholder action and s action was not equired.	hareholder
☐ The amendmen (s) was/were adopted by the incorporators without shareholder action and share action was not equired.	holder
MARCH 27, 2018	
Signature Mal A. Pars	
(By a director, president of other officer of directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	not been other court
MARK J PAY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>