P07000129673

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PLASTER CRAFT	`, INC	
DOCUMENT NUMB	ER: P07000129673		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MICHAEL ROBINSON		
•		Name of Contact Person	1
	ROBINSON ACCOUNTING	S SERVICE	
		Firm/ Company	
	2335 E. BALDWIN RD.		
		Address	
	PANAMA CITY, FL 32405		
		City/ State and Zip Cod	2
	ROBINSONACCTG@KNO	LOGY.NET	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		769-2331
		at (de & Daytime Telephone Number
	of Contact Person The following amount made		
■ \$35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

PLASTER CRAFT, INC

(Name of Corporation as current	ly filed with the Florida Dept. of St	<u>ate</u>)
P07000129673		10:01
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	he following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name n	abbreviation "Corp" ust contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		<u>he</u>
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Flori	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the	e position.
Signature of New I	Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Exacutive 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	TARA BROOKE SHEFFIELD	4402 DEER POINT COVE LANE
Add			PANAMA CITY, FL 32404
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add Remove			
KCHIOVC			

	ng additional Artivets, if necessary).	(Be specific)			
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	ovides for an excl	hange, reclassifica	<u>tion, or cancellatio</u> i	n of issued shares,	
<u>f an amendment pr</u>	ementing the ame	<u>endment if not cor</u>	itained in the amen	dment itself:	
pr <u>ovisions for impl</u>	(4) 111/11/11/11/11 31/41				
f an amendment provisions for implo (if not applicable)	e, muicale isizi)				
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SEPTEMBER 25, 2023 The date of each amendment(s) adoption: _____, if other than the date this document was signed. Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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 cast for the amendment(s) was/were sufficient for approval (voting group) (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) RUSSELL C SHEFFIELD (Typed or printed name of person signing) PRESIDENT

(Title of person signing)