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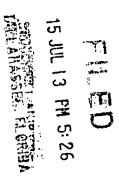
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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JUL 1 6 2015 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations (severa) reulini NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address 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: □ \$35 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to as of Importance

Articles of file por action			
(semi) bever 1 conteaction	~1	I	NCI
(Name of Corporation as currently filed with the Florida Dept. of State)	7		
0.8 70178			
10000000000000000000000000000000000000			
/ (Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the feits Articles of Incorporation:	ollowing	amendi	ment(s)
A. If amending name, enter the new name of the corporation;			
			ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name 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)			-
			_
\bigwedge			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mauing address MAT BE A POST OFFICE BOX)			-
	1		_
	12191	Ċ	
	- 11. - 12. p.37	=	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	3		Canto METER Signal Superior
new registered agent and/or the new registered office address:	7) A	ယ	i Souther
	.33 8.4	- C	Fila
Name of New Registered Agent		က်၊	O
	33	2	
(Floride street address)		6	
New Registered Office Address: , Florida_			_
(City)	(Zip Ce)de)	
)			
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	sition.		
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 = 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.

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>	Name 1/ 2/ 2/	Address
1) Change	VP	Renneth Collins	6215 Awello dr.
Add	•	Kenneth Collins	Melboorn FL 32940
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			······································
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			INC. III. A. D. A. D.
6) Change			
Add			
Remove			

• ***	(Be specific)
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	1-6-15	, if other than the
date this document was signed.		
Effective date if applicable:	7-6-15	
(no m	nore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		s, this date will not be listed as the
Adoption of Amendment(s) (CHECK (<u>)NE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approva		ndment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group		
"The number of votes cast for the amendment (by Dominic Russiello (voting gro	(s) was/were sufficient for approval LISP Rossiel/4 "	
(voling gro	пір)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and sh	nareholder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without shareholder action and shareh	older
Dated		
Signature		
(By a director, president or	r other officer – if directors or officers have r or – if in the hands of a receiver, trustee, or o	not been
appointed fiduciary by that	t fiduciary)	ther court
	uinic hossiello	
	or printed name of person signing)	
	DS	
	(Title of person signing)	