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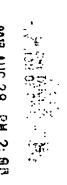
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COVER LETTER

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: EVERGREEN DRYWALL INC DOCUMENT NUMBER: PO 800007 2584 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES RYAN

Name of Contact Person EVER GREEN DRYWALL INC Firm/ Company 10910 EVERGREEN STREET Address NEW PORT RICKEY FL
City/ State and Zip Code SPRINGTAX C HOTMAIL, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to Articles of Incorporation of

P 0 8 00 (Docume	as currently filed with the 200 72 584 ent Number of Corporation.	n (if known) this <i>corporation</i> ad		mendment(s)
(Docume	ent Number of Corporatio	n (if known) this <i>corporation</i> ad	opts the following ar	mendment(s)
provisions of section 60	7.1006, Florida Statutes,	this <i>corporation</i> ad	opts the following ar	nendment(s)
			opts the following ar	nendment(s)
g name, enter the new I	name of the corporation:			
		.,,		
		MA		7
.," or Co.," or the desig	gnation "Corp," "Inc," o	or "Co". A profes.	" or "incorporated" sional corporation n	or the abb ame must co
principal office address ce address <u>MUST BE A</u>	s, if applicable: STREET ADDRESS)			
		ddress in Florida,	enter the name of t	<u></u>
ered agent and/or the n	ew registered office add	ress:		
of New Registered Agen				
	(Florid	la street address)		
Revistered Office Address	: :		Florida	
		City)	0	Zip Code)
ed Agent's Signature, if the appointment as regi	changing Registered Ag stered agent. I am famili	ent: ar with and accept	the obligations of the	e position.
	principal office address of address MUST BE A willing address, if appending the registered agent are ered agent and/or the new Registered Agent address of New Registered Agent address of Agent's Signature, if a the appointment as registered	n," or Co.," or the designation "Corp," "Inc," of the ded" "professional association," or the abbreviation of the sequence of the new registered of the new registered of the new registered of the above of the abbreviation of New Registered Agent (Floridates) (Constitution of the new registered of the abbreviation of the new registered of the above registered agent. (Constitution of the above registered agent. I am familiate the appointment as registered agent.	n," or Co.," or the designation "Corp," "Inc," or "Co". A projested." "professional association," or the abbreviation "P.A." principal office address, if applicable: ce address MUST BE A STREET ADDRESS.) w mailing address, if applicable: ddress MAY BE A POST OFFICE BOX.) Ing the registered agent and/or registered office address in Florida, ered agent and/or the new registered office address: of New Registered Agent (Florida street address) Registered Office Address: (City) And Agent's Signature, if changing Registered Agent: It the appointment as registered agent. I am familiar with and accept	principal office address, if applicable: ce address MUST BE A STREET ADDRESS) mailing address, if applicable: ddress MAY BE A POST OFFICE BOX) mg the registered agent and/or registered office address in Florida, enter the name of the ered agent and/or the new registered office address: of New Registered Agent (Florida street address) Registered Office Address: (City)

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 addit	ional sheets,	ij	necessary)
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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, nd Sally Smith SV as an Add.

Mike Jones. V as Remov	ve, and Salty Smith.	SV as an Ada.		
Example: X Change	PT John D	<u> </u>		
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>		
X Add	<u>SV</u> <u>Sally S</u>	Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
l) Change	D	ROBERT	PHELPS	2281 PAIMROSE LANE
Add				# 2206 CLEARWATE FL 33763
2) Change Add	<u>ک</u>	SALAH	WRIGHT	10600 APHRODITÉ LOOP # 203 EN PORT PICHEY, FL 34654
Remove 3) Change Add			<u>.</u>	
Remove 4) Change Add				
Remove				
Add				
Remove				
6) Change Add	<u>-</u>			
Remove				

	additional sheets, if necessary). (Be specific)
441	ROBERT PHELPS - DIRECTOR
	2281 PLIMROSE LANE # 2200
	CLEARWARCE FL 33763
406	SARAH WRIGHT SECRETARY
	10600 AMADDITE LOOP #203
	NEW PORT RICHEY, FL 34654
	
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If an ame	endment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
	ot applicable, indicate N/A)
<u>provisio</u> (if n	
(if n	Ma
(if n	
(if n	
if n	
OF OVER 15	
OF OVER 15	
(if n	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
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.	
Dated8-15-17	
Signature (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)	_
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	