## P09000066807

| (F                     | Requestor's Name)       |        |
|------------------------|-------------------------|--------|
| · (A                   | address)                |        |
| (A)                    | Address)                |        |
| -                      | V. (0. ) 5: (D)         |        |
| (C                     | City/State/Zip/Phone #) |        |
| PICK-UP                | ☐ WAIT                  | MAIL   |
| (E                     | Business Entity Name)   |        |
| (C                     | Document Number)        |        |
| Certified Copies       | Certificates of         | Status |
| Special Instructions t | o Filing Officer:       |        |
|                        |                         |        |
|                        |                         |        |
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Office Use Only



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3/8/14

## **COVER LETTER**

| Division of Corpo         | rations                                     |  |   | _                                     |     |
|---------------------------|---|--|---|---------------------------------------|-----|
| NAME OF CORPOR            | Panaa                                       | 7an Insper   | chions<br>2   | & Repairs                             | Ina |
|                           |   | JO 60 00 1   | <u>f</u>  |                                       |     |
| The enclosed Articles of  | of Amendment and fee are sul                | bmitted for filing.  |   |                                       |     |
| Please return all corresp | Syd   | Name of Contact Person   |   |                                       |     |
| -                         |   | Firm/ Company  |   | · · · · · · · · · · · · · · · · · · · |     |
| -                         | 3244<br>Dompo                               | N. Power  Address  Black  City/ State and Zip Cod                  | Timo R<br>FL 33   | wd<br>xpg                             |     |
|                           | E-mail address: (10 be us                   | @lestwat   | ianusk (  | cur                                   |     |
| For further information   | concerning this matter, pleas               | se call:   |   |                                       |     |
| Sydne o                   | y Sandalal<br>Contact Person                | at ( 954 Area Co   | ) <u>496</u><br>ode & Daytime T   | -30 Y 3<br>Telephone Number           |     |
| Enclosed is a check for   | the following amount made                   | payable to the Florida Depa  | artment of State:   |                                       |     |
| \$35 Filling Fee          | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Fili<br>Certificate<br>Certified C<br>(Additional<br>is enclosed | of Status<br>opy<br>  Copy            |     |
| Mail                      | ling Address                                | Street   | Address   |                                       |     |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

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

## Articles of Amendment to

FILED

|  | to                  |                       | r                             | . ILL               | •                 |
|--|---------------------|-----------------------|-------------------------------|---------------------|-------------------|
|  | Articles of Inc     | •                     |                               | - 0 BM              | 1:58              |
|  | of                  | . 0                   | 2014 MAR                      | 20 PM               | 1. 50             |
| Brukton Inspe  | churs               | T & est               | ins In                        | C to 08 3           | STATE             |
| (Name of Corporation as current)   | y filed with the F  | lorida Dept. of Stat  | e) PALLAH                     | COFE, FI            | LÖRIDA            |
| · · · · · · · · · · · · · · · · · · ·  |                     |                       | TALLAM                        | 400000              |                   |
|  |                     |                       |                               |                     | •                 |
| (Document Number   | of Corporation (i   | i known)              |                               |                     |                   |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:  | rida Statutes, this | Florida Profit Corp   | <i>oration</i> adopts th      | he following        | g amendment(s) to |
| A. If amending name, enter the new name of the   | corporation:        | _                     |                               |                     |                   |
|  |                     |                       |                               | _                   |                   |
| Backton Inspe  | ction               | 2) Key                | avsla                         |                     | The new           |
| name must be distinguishable and contain the v<br>"Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or   | orp," "Inc," or "   | 'Co". A professiona   | incorporated al corporation n | or the abame must c | ontain the        |
| 1 0  |                     |                       |                               |                     |                   |
| B. Enter new principal office address, if applica  |                     | $-\frac{N}{V}$        |                               |                     |                   |
| (Principal office address <u>MUST BE A STREET A</u>  | DDKESS )            |                       |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
| O. D. a. W. Mary Wardlands   |                     | 4                     | •                             |                     |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE   | ROX)                | NA                    |                               |                     |                   |
| (maining andress <u>milit bis 11 to 51 to 11 to 51 to 51</u> | <del>20.1.</del> /  |                       |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
|  |                     | ····                  |                               |                     |                   |
| D. If amending the registered agent and/or regi  | stered office add   | ress in Florida, ente | er the name of t              | <u>he</u>           |                   |
| new registered agent and/or the new register   |                     |                       |                               |                     |                   |
|  | NIA                 |                       |                               |                     |                   |
| Name of New Registered Agent   | <del></del>         |                       |                               |                     |                   |
|  | ·                   |                       |                               |                     |                   |
|  | (Florida st         | reet address)         |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
| New Registered Office Address:   | (City)              | <u> </u>              | _, Florida                    | lin Code            | -                 |
|  | re.ny,              | ,                     | (2                            | in Cours            |                   |
| •  |                     |                       |                               |                     |                   |
|  |                     |                       |                               |                     |                   |
| New Registered Agent's Signature, if changing  | Registered Agent    | <u>t:</u>             | 111 0.1                       |                     |                   |
| I hereby accept the appointment as registered agei   | u i am familiar     | with and accept the   | oouganons of th               | e 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 = 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 <math>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.

| E                             | e, unu sui   | ty Smith, Sr as an Ada. |                 |
|-------------------------------|--------------|-------------------------|-----------------|
| 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<br>(Check One) | <u>Title</u> | <u>Name</u>             | <u>Addres</u> s |
| 1) Change                     |              | NIK                     |                 |
| Add                           |              | ·                       |                 |
| Remove                        |              |                         |                 |
| 2) Change                     | -            |                         |                 |
| Add                           |              |                         |                 |
| Remove                        |              |                         |                 |
| 3) Change                     |              |                         |                 |
| Add                           |              |                         |                 |
|                               |              |                         |                 |
| 4) Change                     |              |                         |                 |
| Add                           |              |                         |                 |
| Remove                        |              |                         |                 |
| 5) Change                     |              |                         |                 |
| Add                           |              |                         |                 |
| Remove                        |              |                         | 4               |
|                               |              |                         |                 |
| 6) Change                     |              | <u></u>                 |                 |
| Add                           |              |                         |                 |
| Remove                        |              |                         |                 |

| h additional sheets, if necessary) | (Be specific)   |   |
|------------------------------------|---|---|
|                                    | N. Str. Street Benediction                                  |   |
| · <del></del>                      |   |   |
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|                                    |   |   |
| amendment provides for an exc      | change, reclassification, or cancellation of issued shares, | 1 |
| isions for implementing the amo    | endment if not contained in the amendment itself:           |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |
| (if not applicable, indicate N/A)  |   |   |

| date this document was signed.   | , if other than th |
|--|--------------------|
| Effective date if applicable:  |                    |
| (no more than 90 days after amendment file date)   | <del></del>        |
| 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)  |                    |
| (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 314 w4   |                    |
| 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)   |                    |
| David conen  |                    |
| (Typed or printed name of person signing)  |                    |
| (P)  |                    |
| (Title of person signing)  |                    |