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Office Use Only



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DIVISION OF CORPORATION OF STATE OF CORPORATION OF CORPORATION OF STATE OF CORPORATION OF STATE OF STA

Amund of Monne chromation 5/1/12

COVER LETTER

NAME OF CORPORATION: Drew A Robinson Maintenance Inc.

The enclosed Articles of Amendment and fee are submitted for filing.

DOCUMENT NUMBER:

Please return all correspondence concerning this matter to the following:

Drew A Robinson
Name of Contact Person
Drew A Robinson Maintenance Inc.
18631 Durrance RS
Address
N. Ft. Myers FL 33917
City/ State and Zip Code
Dr colinson 48 a mail com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew A Robin san	at (239) 567-0495
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

Certificate of Status

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional Copy is enclosed)

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

Articles of Amendment to Articles of Incorporation of

O	· · · · · · · · · · · · · · · · · · ·
DSELD A Robinson MC	aintenance Inc
(Name of Corporation as currently filed with the	Florida Dept. of State)
P0900084439	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati	KS Inc. The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1863/ Durrance Rd
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N Ft Myers
	FL 33917
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1863) Purrance Rd
	NFT MYETS
	FL 33917
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:
Name of New Registered Agent /	
NA	
(Florida s	treet address)
New Registered Office Address: (City	, Florida /// (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position.
NIA	12 DIVI
Signature of New Registered	Agent, if changing

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
12 MAY -2 AM 8: 23

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.

Example: X Change	<u>PT</u>	John D	<u>oe</u>				
X Remove	$\underline{\boldsymbol{v}}$	Mike Jo	ones				
_X Add	<u>SV</u>	Sally Si	mith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address	
1) Change Add Remove			_//	A			
2) Change Add Remove		-					
3) Change Add Remove		_					
4) Change Add Remove		-					
5) Change Add Remove	. ,	_					
6) Change Add Remove	<u>,</u>	_					

	itional sheets, if necessary). (Be specific)
Caloos	J. A. Robinson 15 Changing A. Robinson Maintenance Inc. to sa River Kayaks Inc. and occupation
_	son will still be President.
provisions	dment provides for an exchange, reclassification, or cancellation of issued shares, sor implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
	N/A

he date of each amendment(s) ac	doption: 4-29-2012
ffective date if applicable:	4-29-2012
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required. The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 6/ - 2	29-2012
(By a d	29-20/2 Lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)