(Requestor's Name)	
(Address)	3001816094
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	06/03/1001011002
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

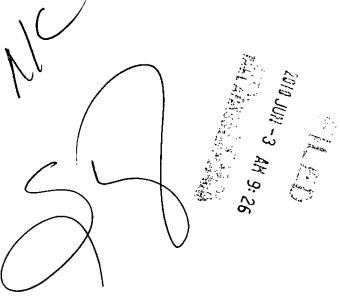
Office Use Only

6.3110



123

**35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	CORPORATION: CHARLES A STEVENS ENTERPRISES, INC			
DOCUMENT NUMBER:	ER:P10000031047			
The enclosed Articles of Amenda	nent and fee are submitted for filing.			
Please return all correspondence of	oncerning this matter to the following:			
CHUCK STEVENS				
	Name of Contact Person			
	Firm/ Company			
	P.O. BOX 312 Address			
	PLANT CITY, FL 33564			
E-mail add	City/ State and Zip Code CHUCK54UTOO@YAHOO.COM Iress: (to be used for future annual report notification)			
For further information concerning	g this matter, please call:			
CHUCK STEVEN Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:			
✓ \$35 Filing Fee \$43.75 Filing Certificate				
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 Articles of Incorporation

CHALRES A STEVENS ENTERPRISES, INC

P10000031047

	Articles of Amendme	nt 🤼
•	to	23 Proposition
•	Articles of Incorporati	on Williams
	of	ON S
	VENS ENTERPRIS	
(Name of Corporation as cur	rently filed with the Flori	da Dept. of State)
P10	0000031047	
(Document Nu	mber of Corporation (if kn	own)
mendment(s) to its Articles of Incorporation:		Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:	
	VENS ENTERPRISE	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "Corp," "In	c," or "Co". A professional corporation
3. Enter new principal office address, if ap Principal office address MUST BE A STRE		
mequi office maress <u>most be its the</u>	,	
		1.1
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(Mailing address <u>MAY BE A POST OFF</u>)	<u>ICE BOX</u>)	
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	registered office address	in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFF</u>)	registered office address	in Florida, enter the name of the
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	registered office address	in Florida, enter the name of the
O. If amending the registered agent and/or new registered agent and/or the new reg	registered office address	in Florida, enter the name of the
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address istered office address:	
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address	address)
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address istered office address: (Florida street	address)
D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address istered office address:	
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address istered office address: (Florida street (City)	address)

Page 1 of 3

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) Address **Type of Action Title** <u>Name</u> ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendmen	t(s) adoption: MAY 10, 2010
Effective date if applicable:	MAY 10, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
DatedSignature_	5-31-16
(By	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	CHUCK STEVENS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)