P10000058834

(Re	questor's Name)	<u>.</u>
(Ad	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700269142117

03/09/15--01011--003 **43.75



Amund CC 103,10,15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CrewPro In	C	
DOCUMENT NUM	_{BER:} P1000058836		
	of Amendment and fee are su		,
	spondence concerning this ma	•	
	Darryl Culbreth		
	CrewPro Inc	Name of Contact Person	n
	CALLED TO THE CALLED T	Firm/ Company	
	6439 John Alden	Way	
	Orlando, FL 328	Address 18	
	- * · · · · · · · · · · · · · · · · · · 	City/ State and Zip Cod	e
cre	wcontractors@ya	hoo.com	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Darryl Culbre	eth	at (407	692-0765
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



(Name of C	rporation as currently filed with the Florida Dept. of State)
CrewPro Inc	P1000058836
	(Document Number of Corporation (if known)

ndment(s) to

(Document Number	r of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Flor	ida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new name of the	e corporation:		ant.
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: DDRESS)		
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		
	- -		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered agent and/or the new register		n Florida, enter the nam	e of the
Name of New Registered Agent			
	(Florida street a	idress)	
New Registered Office Address:		, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		and accept the obligations	of the position.
Signatura o	f New Pagistared Agen	t 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.

Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Brice Culbreth	6439 John Alden Way
Add			Orlando, FL 32818
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			··
Remove			

	rticles, enter char). (Be specific)			
				··· ··· -
	 			
				.
				·
n amendment provides for an ex	change reclassifi	ication, or cancell	lation of issued sha	res.
ovisions for implementing the an	<u>nendment if not c</u>	ontained in the a	mendment itself:	- 451
(if not applicable indicate XI/A)			•	
(if not applicable, indicate N/A)				
(у погаррисион, такан N/A)		Martin Transport		
(у пот аррисаоте, таксате N/A)			the desired by the desired	
(y noi applicable, indicale N/A)				
(y noi applicable, indicale N/A)				
(у пол аррисаоте, таксате N/A)				
(у пол аррисаоне, тансане N/A)				
(y noi applicable, indicale N/A)				
(y noi applicable, indicale N/A)				

Tective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
option of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	roved 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)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	4415
Signature	
selected	rector, president or other officer — if directors or officers have not been it, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Darryl Culbreth
	(Typed or printed name of person signing)
	President
	(Title of person signing)