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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JDL Surfac	ce Innovations, II	NC
DOCUMENT NUM	BER: P1000007427	<u>′4</u>	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Michelle Seidl		
		Name of Contact Person	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	922 SE 14th PL		
		Address	-
	Cape Coral, FL 3	3990	
		City/ State and Zip Cod	e
mi	chelle@jdlsurface:	s.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michelle Sei	dl	at(239	772-0077
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)
Mailing Address Amendment Section Division of Corporations		Amend Divisio	Address ment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

: LEC

JUL Surface inflovations	S, INC	15 NOV -3 PM 2: 15	
(Name of Corporation as	s currently filed with the Flo	rida Dept. of State)	_
P10000074274		THE ANASCHE PLANA	<b>)</b>
(Documer	nt Number of Corporation (if l	known)	_
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Fi	orida Profit Corporation adopts the follow	ing amendment(s)
. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "Co	" "company," or "incorporated" or the o". A professional corporation name mus A."	abbreviation
3. Enter new principal office address,		N/A	
Principal office address <u>MUST BE A S</u>		<del>1</del>	_
			_
			<del>_</del>
C. Enter new mailing address, if appli		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		_
			_
). If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida stree	t address)	
New Registered Office Address:	(0)	, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c			
nereby accept the appointment as regist	tered agent. I am familiar wit	h and accept the obligations of the position	•
· ·			
Sig	gnature of New Registered Ag	ent, ij cnanging	

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	Duane Lopez	2451 Ashbury Circle
Add			Cape Coral, FL 33991
Remove			
2) Change	DCEC	Milo Seidl	1790 Whitecap Cir
Add			N Fort Myers, FL 33903
Remove			
3) Change	DCFQ	Michelle Seidl	1790 Whitecap Cir
Add			N Fort Myers, FL 33903
Remove			
4) Change	VD	Douglas J Hannah	
Add			
Remove			
5) Change			
Add			
Remove			
Chamas			
6) Change	<del></del>		
Add			
Remove			

N/A	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:	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
	F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	red by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 2/2	40/2015	
Signature	Michelle fill	
(By a/dire	by an incorporator if in the hands of a receiver, trustee, or other court	
	I fiduciary by that fiduciary)	
_	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Sect ITRS	

(Title of person signing)