P10000015303

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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05/21/14--01002--020 **35.00



Amend a with

COVER LETTER

TO: Amendment Section Division of Corporations

			1.1	
NAME OF CORPOR	ATION: Blasting Su	ipplies IncDrDZ	proffed	
DOCUMENT NUMBI	ER: P1000007530	3		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Charles B Summ	erlin		
		Name of Contact Person	ļ	
	Blasting Supplies	: Incorporated	}	
_	*	Firm/ Company		
!	P.O. Box 155			
_		Address		
I	Davenport, Florid	a 33836		
_		City/ State and Zip Code	e	
bryr	n.summerlin@ve	erizon.net		
<u>,-</u>		sed for future annual report	notification)	
	•	•	,	
For further information	concerning this matter, pleas	se call:		
Charles B Sui	mmerlin	at (863	557-2708	
	Contact Person		de & Daytime Telephone Number	
name of	Contact Person	Alea Cu	de & Daytime Telephone Number	
Enclosed is a check for	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			Address	
	ion of Cornerations	Amendment Section		
	ion of Corporations Box 6327	Division of Corporations Clifton Building		
	nassee, FL 32314	2661 Executive Center Circle		
- 	-•	Tallahassee, FL 32301		

Articles of Amendment

to

Articles of Incorporation

Blasting Supplies Incorporo

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000075303

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new name of the corp	<u>poration:</u>		
N/A		The	
	I "corporation," "company," or "incorporated" or the abo ""Inc," or "Co". A professional corporation name must co abbreviation "P.A."		
B. Enter new principal office address, if applicable:	323 12th. Street North		
(Principal office address <u>MUST BE A STREET ADDR</u>		Haines City, Fl. 33844	
C. Enter new mailing address, if applicable:	P.O. Box 155		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	Davenport, Fl. 33836		
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the		
new registered agent and/or the new registered of			
Name of New Registered Agent N/A			
	(Florida street address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		

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 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		<u> </u>
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

/A	
•	
lf an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
lf an pro	visions for implementing the amendment if not contained in the amendment itself:
<u>pro</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
<u>pro</u>	visions for implementing the amendment if not contained in the amendment itself:
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pro	visions for implementing the amendment if not contained in the amendment itself:
A A	visions for implementing the amendment if not contained in the amendment itself:

The date of each amendment(s) adoption: May 15, 2014	, if other than the
date this document was signed.	
Effective date if applicable: May 19, 2014	
(no more than 90 days after amendment file date)	_
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)	
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 May 15, 2014	
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)	
Charles B Summer In	
(Typed or printed name of person signing)	
Paesiden +	_
(Title of person signing)	_