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14 FEB M AMIL: 59
SECRETARY OF STATE
TALLAHASSEE, FLORID.

FEB 2 0 1014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Shaken Not	Stirred mobile mixelogist Inc
DOCUMENT NUMBER: P 10000075	3090
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Robert Pa	Peters Peters Pirm/Company
	Firm/ Company
<u> </u>	Address Address
<u>ternandi</u>	State and Zip Code 37034
Ropalawes E-mail address: (to be used for	itture annual report notification)
For further information concerning this matter, please call:	
Robort Reters Name of Contact Person	at (904) 421 6907 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable	to the Florida Department of State:
Certificate of Status Ce	3.75 Filing Fee & Status Intified Copy Certificate of Status Iditional copy is Certified Copy Iditional 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 Cliffon Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

of 14 FEB 1/9 AM 11: 59 red mobile mydlogist SECRETARY OF STATE
TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P100000 78090 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, cuter the new name of the corporation: ON the Rock Pouring Services, Inc. The new name must be distinguishable and contain the word "exporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida sweet address) , Florida New Registered Office Address: (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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:

(Attack 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 = Tristee; C = Charman 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	PT Joh	n Doe		
X Remove	<u> </u>	ke Jones		
<u>X</u> Add	<u>sv</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	Title	Noine		<u>Addres</u> s
1) Change		\		
Add				
2) Change				
Remove 3) Change				
Add				
4) Change			\	
Remove 5) Change				
Add Remove				
6) Change	· to O divid discounting	age view company of the C and other to the ten passenting data is become		
Remove				

tach additional sheets, if necessary	v). (Be specific)
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	<u> </u>
an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
rovisions for implementing the a (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
(i) noi appacable, intacare 1471)	,
k hidde kult eduarus kurus germenindum er samenink makka, gid gegra, gygfeldfeldel er be beterkelsede erkenne menn i Medel	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	enwe
(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	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing) An Thory DAVIS (Title of person signing)	
+ An THOM DAVIS	
(Title of person signing)	
TALLAH	SECRE!