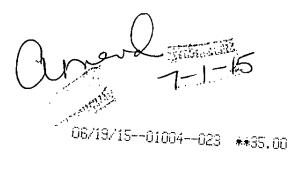
P11000023124

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
· (Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
-		

Office Use Only



800274078008





A RAMSEY

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Cadd Scapes, Inc. DOCUMENT NUMBER: P11000023124
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Bridgewater Name of Contact Person Cadd Scapes Inc. Firm/Company 3162 Parma Dr Address Deltona FL 32738 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tessica Bridgewater at (386) 532-5694 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to



Articles of Incorporation FILED

Call Gas	T		JUN 19 PM L: 35
Cada Scap	<u>65, Inc</u>	A mish aba Flands Dan	OFFI JUNIO
P110002312) [ed with the Florida Dep	A OF STATE
(Docu	ument Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, Flori ts Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the work Corp.," "Inc.," or Co .," or the designation "Corword" chartered," "professional a ssociation," or the	rp," "Inc," or "Co"	. A professional corpor	orated" or the abbreviation ration name must contain the
B. <u>Enter new principal office address, if applicab</u> <i>Principal office address <u>MUST BE A STREET AL</u></i>		·	
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	20Y)		
(Maning dualess MAT DE AT TOST OF THEE B	_		
	_		<u> </u>
	_		
D. If amending the registered agent and/or regist		in Florida, enter the na	me of the
new registered agent and/or the new registere	d office address:		
Name of New Registered Agent			
	(Florida street a	ddress)	
New Projectors J. Office, A. J. Janese			Plactic
New Registered Office Address:	(City	· · · · · · · · · · · · · · · · · · ·	_, Florida (Zip Code)
	. ,	,	•
New Registered Agent's Signature, if changing Re	egistered Agent:		
hereby accept the appointment as registered agent.		and accept the obligation	is of the position.
Sig	znature of New Regis	tered 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:

(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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change	S	John	Ewseychik =	Jr. 210 Albriga Longwood, F	hton Ct
Add			·	Longwood, F	<u>L 32779</u>
Remove					
2) Change					
Add					
Remove					
3) Change				· · · · · · · · · · · · · · · · · · ·	
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
	.
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: July 2015 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 6/16/15	
Signature (By a director, president or other officer Af 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)	-
Tessica Bridgewater (Typed or printed name of person signing)	
President (Title of person signing)	