

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	_
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	itus
Charlet Instructions to Filian Officer	
Special Instructions to Filing Officer:	
	:
	}
	Ì

Office Use Only



600305626356

11/16/17--01030--024 **35.00

110V 17 2017 S. YOUNG 17 NOV 16 PM W 2

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORAT	ION: CADD SCAPES, I	INC.	
DOCUMENT I		P11000023124		
The enclosed Ar	ticles of A	mendment and fee are su	brnitted for filing.	
Please return all	correspon	dence concerning this ma	tter to the following:	
	JAS	ON BRIDGEWATER		
			Name of Contact Pers	on
	CA	DD SCAPES, INC.		
			Firm/ Company	
	714	ARLENE DR		
			Address	
	DEI	.TONA FL 32725		
			City/ State and Zip Co	de
	JASONBI	RIDGEWATER@GMAI	L.COM	
			sed for future annual repor	rt notification)
			·	·
For further infon	mation cor	cerning this matter, pleas	se call:	
JASON BRIDG	EWATER		at (407	310-5567
Name of Contact Person Area Code & Daytime Telephone		ode & Daytime Telephone Number		
Enclosed is a che	eck for the	following amount made 1	payable to the Florida Dep	partment of State:
S35 Filing F	ee	☐\$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)
	Division P.O. Box	ent Section of Corporations	Amer Divisi Clifto	t Address adment Section ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation naword "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) DELTONA FL 32725	the following amendment(s) to The new or the abbreviation
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation naword "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) 714 ARLENE DR	The new or the abbreviation
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation naword "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)	The new or the abbreviation
A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation naword "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) 714 ARLENE DR	The new or the abbreviation
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation na 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) DELTONA FL 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation na 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) DELTONA FL 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation na 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) DELTONA FL 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) DELTONA FL 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 714 ARLENE DR	三· 三· 二
(Principal office address MUST BE A STREET ADDRESS) DELTONA FL 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 714 ARLENE DR	500 古 与100 百 TI
(Mailing address MAY BE A POST OFFICE BOX)	50 本 50 香 TI
(Mailing address MAY BE A POST OFFICE BOX)	三 舌 刀
DELTONA FL 32725	
· · · · · · · · · · · · · · · · · ·	STEEL B
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:	he 2
Name of New Registered Agent JASON BRIDGEWATER	
714 ARLENE DR	
(Florida street address)	
New Registered Office Address: DELTONA Florida	32725
(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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jone	<u>s</u>	
X Add	<u>sv</u>	Sally Smit	<u>h</u>	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	<u>Addres</u> s
1) Change	P		ESSICA BRIDGEWATER	3162 PARMA DR
Add				DELTONA FL 32738
X Remove				
2) X Change	P	J,	ASON BRIDGEWATER	714 ARLENE DR
Add				DELTONA FL 32725
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	ED ALL HER SHARES TO JASON BRIDGEWATER. JASON
OGEWATER NOW HAS 100% OF TH	HE SHARES FOR CADD SCAPES, INC.
·	

The date of each amendment	OCTOBER 1, 2017	'C.A
The date of each amendment(date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date very department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement 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 action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
11/13/1 Dated	7	
Signature	Wilst	
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JASON BRIDGEWATER	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	