

P11000073634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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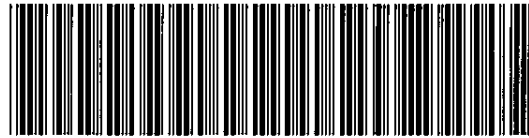
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
Taxes  
12-13-11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THREE LAKES CUSTOM DETAIL SERVICES INC

**DOCUMENT NUMBER:** P11000073634

/ EIN # 45-3035781

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN ADAMS

Name of Contact Person

THREE LAKES CUSTOM DETAIL SERVICES INC

Firm/ Company

2695 SE EXPORT AVE

Address

PORT SAINT LUCIE FL 34952

City/ State and Zip Code

adamssusan3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN ADAMS

Name of Contact Person

at ( 772 ) 263-3919

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
11 DEC 12 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

THREE LAKES CUSTOM DETAIL SERVICES INC

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

PI1000073634

(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, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "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 street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>P</u>	<u>SUSAN ADAMS</u>	<u>PO BOX 7501</u> <u>PORT ST LUCIE</u> <u>FLORIDA 34952</u>
2) <u>SEC</u>	<u>ROBERT N ADAMS III</u>	<u>PO BOX 7501</u> <u>PORT ST LUCIE</u> <u>FLORIDA 34952</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>P</u>	<u>ROBERT N ADAMS JR</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

[illegible]

- 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:  
(if not applicable, indicate N/A)

ROBERT N ADAMS JR WILL RESIGN AS PRESIDENT AND GIVE TO ROBERT N ADAMS III IN  
EXCHANGE FOR DIL OF PALM CITY HOUSE

The date of each amendment(s) adoption: NOVEMBER 12, 2011

Effective date if applicable: NOVEMBER 12, 2011

(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):*

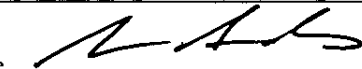
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 11/12/2011

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)

SUSAN ADAMS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)