## P/1000107292

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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, (Do	ocument Number)	
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T. ROBERTS

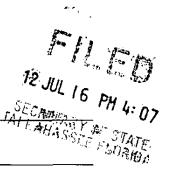
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Boyce Cus	tom Carpentry &	Consulting Inc.	
DOCUMENT NUM	BER: P1100010729	)2		
	s of Amendment and fee are su			
Please return all corr	espondence concerning this ma	itter to the following:		
	Dennis Boyce			
		Name of Contact Persor	1	
		Firm/ Company		
	1204 Pine Avenu	e		
		Address		
	Lehigh Acres, FL	33936		
		City/ State and Zip Code	9	
		•		
For further informati	E-mail address: (to be use on concerning this matter, please	sed for future annual report	notification)	
or tartifer mormati	on concerning this matter, pieas			
Dennis Boyo	ce	<sub>at (</sub> 239	691-7651	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	for the following amount made	payable to the Florida Depa	ertment 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)	
An Div P.C	neiling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio Clifton	Address ment Section n of Corporations Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



## Boyce Custom Carpentry & Consulting, Inc.

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

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(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Stats Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amend	men
A. If amending name, enter the new name of the corpo	ration:	
N/A		
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ". word "chartered," "professional association," or the abbi	corporation," "company," or "incorporated" or the abbreviate Inc," or "Co". A professional corporation name must contain t reviation "P.A."	on the
Enton many mainsinal office address if a live bloom	N/A	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>		
-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(muning quaress MAT BE A FOST OFFICE BOA)		
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office.</li> </ol>		
NIA	e auditess.	
Name of New Registered Agent   IN/A		
	(Florida street address)	
New Registered Office Address:	, Florida	
у при одностими сво	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:	
hereby accept the appointment as registered agent. I am	gamiliar with and accept the obligations of the position.	
Signature of Nov. D	and should be seen that the second of	

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:

(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>	<u>Name</u>	<u>Addres</u> s
Change  X Add Remove	<u>v</u>	Regina A. Spicer	8007 Tiger Lily Drive Naples, FL 34113
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)				
N/A				
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)				
N/A				

The date of each amendment(s)	adoption: June 21, 2012
Effective date if applicable:	lpon Filing
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved 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 ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> June	21, 2013
Signature	
	Afrector, president or other officer – if directors or officers have not been steed by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
арро	med madeling of mat madeling)
	Dennis Boyce
	(Typed or printed name of person signing)
	President
	(Title of person signing)