P13000012107

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SECRETARY OF STATE

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13 NOV 22 PM 1:

C. LEWIS
NOV 2 7 2013
EXAMINER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Red Lion Consulting & Construction Corp. **DOCUMENT NUMBER:** P13000012107 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mark Nicholas Name of Contact Person Red Lion Consulting & Construction Corp. Firm/ Company 5926 NW Culebra Ave Port Saint Lucie, FL 34986 City/ State and Zip Code redlionservicing@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $_{at}$ (727) 463-3800Mark Nicholas Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

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Articles of Amendment to Articles of Incorporation

13 NOV 22 PM 1: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Red Lion Consulting & Construction Corp.

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

(Docume)	nt Number of Corporation (if	known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this J	Flo <mark>rida Profit C</mark> o	rporation adopts the following amendmen
. If amending name, enter the new na	•		
Red Lion Painting ar	d Construction	n Service	es inc.
	ation "Corp," "Inc," or "C	o". A professio	or "incorporated" or the abbreviation onal corporation name must contain the
. Enter new principal office address, Principal office address MUST BE A S			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5926 C	ulebra Avenue
		Port Sa	int Lucie, FL
		34986	
. If amending the registered agent an	d/or registered office 2ddro	ess in Florida, er	nter the name of the
new registered agent and/or the new	w registered office address:		
Name of New Registered Agent			
	5926 Culebra		
	(Florida stre	,	24006
New Registered Office Address:	Port Saint Luc	:ie	, Florida 34986
			(Zip Code)

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)	Title	Name	Address			
1) Change	Р	Sylas J. Miranti	1000 Scotia Drive			
Add			Unit # 402			
Remove			Hypoluxo, FL 33462			
2) Change						
Add						
Remove						
3) Change		<u> </u>				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Pamoua						

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

APPROVED A**N**D FILED

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The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	SECRETARY OF STATE amendment file date) LAHASSEE, FLORIDA
(no more than 90 days after	amendment file dale) - MASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient i	for approval
by	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
Dated_11/13/2013	
Signature	
(By a director, president or other officer—\if direction selected, by an incorporator—if in the hands of a appointed fiduciary by that fiduciary)	
Mark Nicholas	
(Typed or printed name	of person signing)
President	
(Title of person	signing)