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| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of Statu  | s    |
| Special Instructions to Filing Officer: |      |
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**C LEWIS** 

# **COVER LETTER**

| Mailing Address  | Street Address   |
|--|--|
| \$35 Filing Fee & Certificate of Status                | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)  |
| Enclosed is a check for the following amount made po   | payable to the Florida Department of State:  |
| Name of Contact Person                                 | at (239) 330 3748  Area Code & Daytime Telephone Number  |
| For further information concerning this matter, please | e call:  |
| POBOX  E-mail address: (to be use                      | Firm/ Company  Addraes  Addraes  City/ State and Zip Code  F Company  Addraes  City/ State and Zip Code  Company  Addraes  Addraes  City/ State and Zip Code  Company  Addraes  City/ State and Zip Code  Company  Addraes  Addraes  City/ State and Zip Code  Company  Addraes  City/ State and Zip Code  Company  Addraes  City/ State and Zip Code  Company  Company  Addraes  City/ State and Zip Code |
| Maria<br>Eliter  | Name of Contact Person   |
| Please return all correspondence concerning this matt  | tter to the following:   |
| The enclosed Articles of Amendment and fee are sub     | bmitted for filing.  |
| DOCUMENT NUMBER:                                       |  |
| NAME OF CORPORATION:                                   | Resutacing (O.   |
| TO: Amendment Section Division of Corporations         |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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

## **Articles of Amendment**

to
of Incorporation

| _  | Articles of Incorporation  |
|--|--|
| Elite Resur  | facing Co.   |
| (Name of Corpora   | ntion as currently filed with the Florida Dept. of State)  |
| $\mathcal{A}$  | D130000/0/0313   |
| (Doct  | ument Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Flori<br>is Articles of Incorporation:                             | ida Statutes, this Florida Profit Corporation adopts the following amendment(s) t  |
| 1. If amending name, enter the new name of the   | corporation:   |
|  | The new  |
|  | ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."  |
| 3. Enter new principal office address, if applicab<br>Principal office address <u>MUST BE A STREET AL</u>          |  |
|  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                               | <u>OX</u> )  |
|  |  |
| <ol> <li>If amending the registered agent and/or registenew registered agent and/or the new registered.</li> </ol> | tered office address in Florida, enter the name of the   |
| Name of New Registered Agent   | d office address:  |
|  | 2  |
|  | (Florida street address)   |
| New Registered Office Address:   | , Florida 😍  |
|  | (City) (Zip Code)  |
|  |  |
| Your Designationed Agentals Signature if shouring D  | anistana di Amanda   |
| New Registered Agent's Signature, if changing Research hereby accept the appointment as registered agent.          | egistered Agent:  I am familiar with and accept the obligations of the position.   |
| - 0  |  |
|  |  |
|  | CALL DO A LANGE OF THE PARTY OF |
| Sig  | gnature 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:<br>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)  1) Change Add Remove | Title<br>CE | Name<br>Yader Peralta | Address<br>1010 Acacia Ne<br>Levrgh acres FL 330 |
| 2) Change Add                                    |             |                       |  |
| Remove 3) Change Add Remove                      |             |                       |  |
| 4) Change Add                                    | <del></del> |                       |  |
| Remove  5) Change Add                            | -           |                       |  |
| Remove 6) Change Add                             |             |                       |  |
| Remove   |             |                       |  |

| E. <u>If amending</u>               | or adding additi     | onal Articles, enter c                       | hange(s) he  | <u>re</u> :    |                                       |             |
|-------------------------------------|----------------------|--|--|----------------|---------------------------------------|-------------|
| (Attach addit                       | ional sheets, if nec | cessary). (Be specific                       | c)<br>•  |                | n (                                   | _           |
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| as                                  | (EC                  | 1  |  |                |                                       | )           |
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| E If an amand                       |                      | hl   | oification o   | an concellatio | an afigured shows                     |             |
| r. <u>II an ameno</u><br>provisions | for implementing     | r an exchange, reclas<br>the amendment if no | ot contained   | l in the amen  | idment itself:                        |             |
| (if not a                           | applicable, indicat  | e N/A)                                       |  |                |                                       |             |
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| The date of each amendment(s) adoption: _   | 10/4/16  | , if other than the                        |
|---|--|--|
| date this document was signed.  | 12/4/11.   | Fare                                       |
| Effective date if applicable:   | (no more than 200 days after an and neut file  | data)                                      |
|   | (no more than 90 days after amendment file o   | 2016 OCT 21 AM R: 28                       |
| <b>Note:</b> If the date inserted in this block does document's effective date on the Department of | not meet the applicable statutory filing requirer f State's records.                             | ments, this date will not be listed as the |
| Adoption of Amendment(s) (C)  | HECK ONE)  |  |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for                | e shareholders. The number of votes cast for the approval.                                       | amendment(s)                               |
|   | he shareholders through voting groups. The follog group entitled to vote separately on the amend |  |
| "The number of votes cast for the ame   | endment(s) was/were sufficient for approval  |  |
| by  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |
| (ve   | oting group)   |  |
| ☐ The amendment(s) was/were adopted by the action was not required.                                 | e board of directors without shareholder action a  | nd shareholder                             |
|   | e incorporators without shareholder action and si  | hareholder                                 |
| action was not required.  | 1,7  |  |
| Dated   | $\Pi \varphi$  |  |
|   | Jan March  |  |
| Signature V   | rident or other officer – it directors or officers h   | ave not heen                               |
| selected, by an in-   | corporator - if in the hands of a receiver, trustee.   |  |
| appointed fiducia   | ry by that fiducially)   | ^Ci  |
|   | M/aria Can   | VU   |
|   | (Typed or printed name of person signing)  |  |
|   | Mynoma   |  |
| <del></del>   | (Title of person signing)  |  |