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SECRETARY OF STATE

JUN 3 0 2014

C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	rion: <u>Erik Thorse</u>	n Construction Sp	ecialties, inc.	
DOCUMENT NUMBER	a: <u>P130000853</u>	340		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
	<b>-</b>	riv Thereon		
_	Name of Contact Person			
	Erik Thorsen	Construction Spec	ialties, inc	
	1.508 lu			
<u>6508 June Dr.</u> Address				
	Cocoo	a FL 329210		
		2, FL 329210 City/ State and Zip Cod	e	
	Ske	bum83@ao1. Co	pΜ	
<del> </del>		sed for future annual report		
For further information co	oncerning this matter, pleas	se call:		
	y Thorsen	at ( 231	740 - 5538 de & Daytime Telephone Number	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment 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

Erik Thorsen Construction Spec		<del></del>
(Name of Corporation as currently)	filed with the Florida Dept. of State	9)
P13000085340	\\	
(Document Number of C	• •	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		100 100 100 100 100
ETC Specialties, Inc		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nam	r the abbreviation. ne must contain the
B. Enter new principal office address, if applicable:	6508 June Dr.	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Cocoa, FL	
	32926	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6508 June Dr.	
	<u>Cocoa</u> FL	
	32926	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	t 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	th and accept the obligations of the p	osition.
Signature of New Reg	gistered 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 <math>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	Y	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	2	Address
1) Change	<u>VS</u>	<u></u>	Unitney L. Thorsen	6508 June Dr.
<b>X</b> Add				Cocoa, FL
Remove				32926
2) Change				
Add				
Remove				
3 ) Change		<del> </del>		
Add				
Remove				
4) Change				
Add				
Remove				
- ~				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	•
<del> </del>	
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
NHITHEY L. THOR	SEN AND ERIK K THORSEN WILL
	LCENT OF SHANDS CREATING AN
ECIOHE PARTHARSHIP	o of ETC SPECIALTIES INC.
<del></del>	

,

The date of each amendment(s) adoption date this document was signed.	:: <u>)</u> 095	15,2015	, if other than the
Effective date if applicable:	(no more than 90	) days after amendment file	date)
Note: If the date inserted in this block d document's effective date on the Department		able statutory filing requires	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes cast for the	e amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v			
"The number of votes cast for the	amendment(s) was/were	e sufficient for approval	
by	(voting group)	», », », », », », », », », », », », », »	
☐ The amendment(s) was/were adopted b action was not required.			and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators with	out shareholder action and s	hareholder
Dated JUPE	15,2015	<del> </del>	
(By a director selected, by a	, president or other offic	eer – if directors or officers he hands of a receiver, trustee	
	ERIK K THO	name of person signing)	
	PRESING	WT / CEO	

(Title of person signing)