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7-9-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAY AREA DISASTER TEAM CORP.				
DOCUMENT NUMBER: P14000018878				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SHANNON J WITTWER Name of Contact Person				
BAY AREA DISASTER TEAM CORP.				
1497 MAIN ST. #249 Address				
DUNEDIN, FL 34698 City/ State and Zip Code				
DIRTYKARMACLEANING (D. GMA: L. COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
SHANNON J. WITTWER at (727) 470.0318 Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BAY AREA DISASTER	TEAM CORP
(Name of Corporation as currently filed with t	the Florida Dept. of State)
P140000188=	78
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1497 MAIN ST. STE. 249
	DUNEDIN, FL 34698
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 new registered agent and/or the new registered office ade	
Name of New Registered Agent	
(Flori	da street address)
New Registered Office Address:	, Florids
((City) (Zip Code).
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	
Signature of New Registe	ered 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.

	ove, una sany smun, sr as an raa.	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PRESIDENT - DAN J. BICKFORD	1497 MAIN ST. STE- 249 DVNEDIN, FL 34698
2) Change	PVTS - SHANNON J. WITTW	ER - 1497 MAIN ST. STE. # 249
Remove 3) Change Add		DUNEDIN, FL 34698
Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

- If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
Water Control of the	
·	
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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)	
(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 6/17/CZ974	
(By a director, president or 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)	
Dan J Bickbord	
(Typed or printed name of person signing)	
Poesder	
(Title of person signing)	