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And

JUN 25 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: JAMES M	STUART DRYW	ALL, INC
DOCUMENT NUM	BER: P1400001982	.7	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	JAMES M STUAI	RT	
		Name of Contact Person	1
		Firm/ Company	
	13600 SE 42ND	AVE	
		Address	
	SUMMERFIELD,	FL 34491	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JAMES M S	ΓUART	at (352	, 572-8113
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clitton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation



	of		المطونية وأأوا
AMES M STUART DRYWALL,	INC		
(Name of Corporation as currently fi	led with the Florida Dept. of S	itate)	
14000019827	0 2 20 .		-
(Document Number of	Corporation (If known)		
rsuant to the provisions of section 607,1006, Florida Articles of Incorporation:	Stututes, this <i>Florida Profit Co</i>	orporation adopts the following	g amendment(s
If amending name, enter the new name of the co	moration:	·	
			The new
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, and "chantered," "professional association," or the	" "Inc." or "Co". A professi		
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET ADD</u>			-
			-
		······································	
Enter new mailing address, if applicable:	U1		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		•
			-

If amending the registered agent and/or register		nter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(CHV)	Florida	
	(C 11,19)	(Zip Code)	
w Registered Agent's Signature, if changing Reg			
ereby accept the appointment as registered agent.	i am familiar with and accept th	ne obligations of the position.	

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.

X Change	b.I.	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u>	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	RICHARD STUART	13600 SE 42ND AVE
Add		• • • • • • • • • • • • • • • • • • •	SUMMERFIELD, FL 34491
Remove			
2) Change		Marshall Richards	13600 SE 4200 Aie Summer field, FL 3449,
Remove			
3) Change			
AddRemove			
4) Change	·	***************************************	
Add Remove			
5) Change			
Remove			
6) Change - Add			
Remove		•	

Nach additional sheets. if necessary).	icles, enter change(s) here: (Be specific)
(J-1)	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
rovisions for implementing the amer (if not applicable, indicate NOI)	ndment If not contained in the amendment itself:
rovisions for implementing the amer	ndment If not contained in the amendment itself:
rovisions for implementing the amer	ndment If not contained in the amendment itself:
rovisions for implementing the amer	ndment If not contained in the amendment itself:
rovisions for implementing the amer	ndment If not contained in the amendment itself:
rovisions for implementing the amer	ndment If not opathined in the amendment itself:

The date of each amendment(s) adoption: 05/23/2014	, it other than the
date this document was signed.	
Effective date if applicable: 05/23/2014	
(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 east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	: म श्म
"The number of votes cast for the amendment(s) was/were sufficient for approval	
ьу:	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
The umendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature August Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator — if in the hands of a receiver, trustee, or other or	
appointed fiduciary by that fiduciary)	~
Debra Stuart	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	