P14000032356

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	ming Cinioci.	





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SECRETARY OF STATE ALLAHASSEE, FLORIDA

APROVED AND FILED



COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Cassell Consulting Corp					
DOCUMENT NUMBER: P14000022356					
·					
The enclosed Articles of Amendment and fee are submitted	ed for filing.				
Please return all correspondence concerning this matter to	the following:				
Kendra Cassell					
	ame of Contact Person				
Cassell Consulting C	Corp				
	Firm/ Company				
185 Hidden Woods (Cove				
	Address				
Altamonte Springs, F	FL 32701				
Ci	ty/ State and Zip Code				
kmcassell@cfl.rr.com					
	r future annual report notification)				
For further information concerning this matter, please call	!				
Kendra Cassell	at (407) 383-5990 Area Code & Daytime Telephone Number				
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:					
Certificate of Status (2	S43.75 Filing Fee & Certified Copy Additional copy is enclosed) \$\sum_{\sum_{\text{c}}}\$ \sum_{\text{c}}\$ \				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cassell Consulting Corp	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P14000022356	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Cassell Construction Corp	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 "F	" "company," or "incorporated" or the abbreviation or "incorporation name must contain the
B. Enter new principal office address, if applicable:	185 Hidden Woods Cove
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Altamonte Springs, FL
	32701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	185 Hidden Woods Cove
	Altamonte Springs, FL
	32701
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
	,
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I um familiar w.	ith and accept the obligations of the position.
Signature of New Registered A	gent, if changing

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	n/a	
Add				
Remove				•
2) Change		_		
Add				
Remove				<u></u>
3) Change		_		
Add				•••
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
3	
	-
	-
	· · ·
	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment usen.
n/a	,
/a	
- 19-6 Marketin Land Communication Communica	
14-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	

date this document was signed.	doption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
_{Dated} Octobe	r 2, 2014	
Signature Y	Currell	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	Kendra Cassell	
	(Typed or printed name of person signing)	_
	CEO, Owner	
	(Title of person signing)	