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(Ad	ldress)	
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14 JUN 12 FH 12: 31

C. LEWIS

JUN 2 5 2014

EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CASTLE LIFE INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: at (272) 80/-4690 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to Articles of Incorporation



	of	JIAI2104 CL .
P 12-1	of	14 JUN 12 PM 12: 31
CHSILE A	YFK INC.	<u> </u>
(Name of Corporation as c	urrently filed with the Florida Dep	t. of State)
1140000240	94	
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607. umendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida</i> on:	Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
TCS CLEARAN	ICE INC.	The new
name must be distinguishable and conto abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc," or	pany," or "incorporated" or the "Co". A professional corporation
3. Enter new principal office address, if Principal office address MUST BE A STI		
Enter new mailing address, if applica (Mailing address MAY BE A POST Of		
). If amending the registered agent and/ new registered agent and/or the new a		rida, enter the name of the
Name of New Registered Agent		
New Registered Office Address:	(Florida street addres	<u>s)</u>
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if cha	nging Registered Agent	
hereby accept the appointment as register		cept the obligations of the position.
	- -	
	Signature of New Registered Ages	nt if abanging
	A CONTINUE OF THE WAR ROUSIEFED AGE.	a a charutiu

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)

<u>Title</u>	Name	Address	Type of Action
(attach a	ding or adding additional Articles, entended it is a distributed and sheets, if necessary). (Be spe	er change(s) here: cific)	
provisi	mendment provides for an exchange, recons for implementing the amendment is not applicable, indicate N/A)		

The date of each amendment(s) adoption:	
Effective date if applicable:	(date of adoption is required)	SELAN OF CORPORATION
	(no more than 90 days after amendment file date)	14 JUN 12 PM 12: 31
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of vote sufficient for approval.	es cast for the amendment(s)
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting gro for each voting group entitled to vote separately of	ups. The following statemer on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for a	pproval
by	21	
	voting group)	
action was not required.	e adopted by the board of directors without shareholder	
selec	director, president or other officer - if directors of ted, by an incorporator - if in the hands of a receive inted fiduciary by that fiduciary)	
	ANDREW BURION (Typed or printed name of person sign	ing)
	(Title of person signing)	