P14000029149

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SECRETARY OF STATE
TALL AN ASSERT ORIDA

14 AUG -1 PM 3: 18

Amend

AUG 1 4 2014

T. CARTER

COVER LETTER

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: Shannon D Corporation DOCUMENT NUMBER: P14000029149 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Shannon Davison** Name of Contact Person Shannon D Corporation Firm/ Company 611 SW 12th Terrace Cape Coral, FL 33991 City/ State and Zip Code MrsWlsh@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lois Welsh Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

□ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

■\$43.75 Filing Fee &

Certificate of Status

Street Address

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Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of



Shannon D Corporation

14 AUG -1 PH 3: 18

(Name of Corporation as currently fi	led with the Florid	a Dept. of State)		
P14000029149				
(Document Number of	Corporation (if kno	wn)		
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Flori</i>	da Profit Corporation ado	ots the following	amendment(s) to
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	," "Inc," or "Co".	A professional corporation		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	E D <u>RESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 V X)			
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address i office address:	n Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida street ac	idress)		
New Registered Office Address:	(City)	, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Relatives I hereby accept the appointment as registered agent.	gistered Agent: l am familiar with i	and accept the obligations	of the position.	
Signature of N	lew Revistered Aven	t 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 = Chic Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer 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	PT John	<u>Doe</u>				
X Remove	<u>V</u> <u>Mike</u>	Mike Jones				
X Add	SV Sally	Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP, S,	Shannon Davison	611 SW 12 Terrace			
Add			Cape Coral, FL 33991			
Remove						
2) Change	P,D	Robert M. Welsh	611 SW 12 Terrace			
Add			Cape Coral, FL 33991			
Remove						
3) Change	T	Lois M Welsh	612 SW 6 Ave			
Add			Cape Coral, FL 33991			
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)
	
	
 	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption: July 28, 2014	, if other than too
_	uly 28, 2014	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and share adopted by the incorporators without shareholder action and sharehold	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or other officer fiduciary by that fiduciary)	
	Shannon Davison	
	(Typed or printed name of person signing)	
	Shannon Davison	
	(Title of person signing)	