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15 SEP -1 PH 2: 51

SEP 03 2015

R. WHITE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_FUDAKINLED LIGHTING, INC. DOCUMENT NUMBER: P14000041641 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LYN SCHANTZ Name of Contact Person TAX & FINANCIAL STRATEGISTS, LLC Firm/ Company 28089 VANDERBILT DR., SUITE 201 Address **BONITA SPRINGS, FL 34134** City/ State and Zip Code lyn@wondertax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LYN SCHANTZ at (239 405-8395

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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations 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

15 SEP -1 PM 2:51

FUDAKINLED LIGHTING, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P14000041341 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: FUDAKIN LIGHTING, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter 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: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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.

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 Sm	nith_	
Type of Action (Check One)	Title		Name	Address
1) Change	<del></del>	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

C.	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
_	
_	
_	
_	
F	If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
_	
_	
_	
_	
_	
_	
_	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	MEDIATELY	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment fite date)	
Note: If the date inserted in this t document's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment( ifficient for approval.	s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• • • • • • • • • • • • • • • • • • • •	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated X 8/	124/2015 1illui	
(By a c	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 cou	nt
appoir	nted fiduciary by that fiduciary)	
	Mike Mika	
	(Typed or printed name of person signing)	
	Vice President/Director	
	(Title of nerson signing)	