# P14000088767

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Daniel Codre Inc  DOCUMENT NUMBER: P 140000 88 767					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Daniel V. Codre  Name of Contact Person  Daniel Codre Inc.  Firm/ Company  5168 Northridge Rd. # 201  Address  Sara Sofe FL. 34238  City/ State and Zip Code  dcodre a yahoo. Com.  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
David V. Codre at 941 929 - 8128  Name of Contact Person 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:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment Section					

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to

#### Articles of Incorporation

(Name of Corpo	ration as currentl	v filed with the F	lorida Dept. of State	)		
\:A>		+0000 8	_	,		
(Do	ocument Number of					
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit Co	rporation adopts the f	ollowing	amend	ment(s) to
A. If amending name, enter the new name of the	<u>ie corporation:</u>					
					The n	iew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "	Co". A profession				
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			<del>-</del>	_		_
						_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX</u> )	2805 Palm	22nd etto, Fl	<u>91</u> . 30	<u>E</u> 722	_ <u>I</u>
D. If amending the registered agent and/or reg new registered agent and/or the new register			nter the name of the			<del>-</del>
Name of New Registered Agent		<del></del>				O. 44
	(Florida etc	eet address)	78-1		<u> </u>	TEG.
	(F tor ida str	eer aquressy	<b>71.</b> 4.			
New Registered Office Address:		(City)	, Florida_	(Zip C	ode)	- 187 - 1887 - 1888
Now Desirtand Assetts Signature (Schooling			e obligations of the po	osition.	H 2:40	F STATE
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	·					
	·					

### 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 <math>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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	CEO	William Rocco	Altieri Gr
X Add			2704 Kasim St
Remove			2704 Kasim St North Port, FL 34286
2) Change			·
Add			
Remove			TAL
3 ) Change			TALL AND TAL
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

William Rocco Altien Sr. 10 Shares  White the state of th	Daurel		have d	 shav	
75 HAY 18 PA	William			10	•
5 HAY 18 P					
5 HAY 18 P	<u> </u>			 	
55 FFAY 80 PP A					
# P P #				:	
	(if not applicable, indicate N	//A)		 	
(if not applicable, indicate N/A)				 -	
(if not applicable, indicate N/A)				 	
(if not applicable, indicate N/A)				 	
(if not applicable, indicate N/A)					

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amen icient for approval.	dment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	,,,	. =.
	(voting group)	15 -
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and sha	areholder HAY 18
The amendment(s) was/were adoption was not required.	ted by the incorporators without shareholder action and shareho	older PA
Dated <b>5</b> /	12/15	STATE LORIDA 2: 40
Signature	Dav. Code	
	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or of	
	d fiduciary by that fiduciary)	
	Daviel V. Codre	
•	(Typed or printed name of person signing)	-
	president	
-	(Title of person signing)	