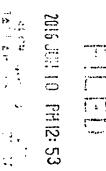
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JUN 1 6 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

name of corporation: Bousquet Custom Carpentry Inc. DOCUMENT NUMBER: P1500009000				
DOCUMENT NUMBER: P1500009006				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Carolyo Bausquet Name of Contact Person				
Bousquet Custom Corpentry Inc.				
9060 Atlas Dr.				
Address				
City/ State and Zip Code				
Bousquet cus tom corpertry @ gmail.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Carolin Box (Squet at (321) 805 - 08020 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 SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment

to

Articles of Incorporation

to

Para la Custa	of O O	000/5/		
Dousquet Custo	m car	MAIN		
(Name of Corpor	ation as currently:	filed with the Florida	Dept. of State)	
(Dag	JU UUU	Corporation (if known)	•	
`		•		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Fl	lorida Profit Corporati	on adopts the follo	wing amendment(
A. If amending name, enter the new name of the	corporation:			
			<u> </u>	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co	o". A professional coi	corporated" or the rporation name m	e abbreviation ust contain the
B. Enter new principal office address, if applical			370	
(Principal office address <u>MUST BE A STREET Al</u>	<u>DDRESS</u>)	-		15
•			1	
			<u> </u>	0 1
C. Enter new mailing address, if applicable:	PAY)			-p -[]
(Mailing address MAY BE A POST OFFICE)	<u>10x</u>)			75
,		•		က
D. If amending the registered agent and/or regis	tored office addres	es in Florida, antor the	nama of the	•
new registered agent and/or the new registered		ss in Florida, enter the	e name of the	
Name of New Registered Agent				
Name of New Registered Agent				
	(Florida stree	t address)		
	(• • • • • • • • • • • • • • • • • • •	/	71. (1	
New Registered Office Address:	(C	City)	, Florida	Zip Code)
•				
New Registered Agent's Signature, if changing R		4L d 4L t.l:	-4: £4bi4i	
I hereby accept the appointment as registered agent	. 1 am jamiliar wii	in and accept the obligi	auons oj ine positio	วท.
Si	gnature of New Res	gistered Agent, if chang	ging	_

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.

X Change	PT John I	<u>Doe</u>	
X Remove	V Mike.	Jones	
X Add	SV Sally S	<u>Smith</u>	,
Type of Action (Check One)	Title	Name	<u>Address</u> s
1) Change	D	John Bousquet	5550 Nova Rd.
Add			St. Cloud FL
Remove			34771
2) Change	\mathcal{D}	David Cunningham	3014 Diamond Lin.
X Add			St. Claid FL
Remove		·	34772
3) Change			
Add			
Remove		· .	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change	· ·	•	
Add			
Remove			

	(Be specific)	<u>re</u> : .			
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If an amendment provides for an exc	hange, reclassification, o	<u>r cancellation of</u>	issued shares,		
provisions for implementing the ame		in the amendine	iit itseii.		
provisions for implementing the amo	chamen ii not containet				
(if not applicable, indicate N/A)	enument it not container				
provisions for implementing the amo					
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provisions for implementing the amo					

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		•
Effective date <u>if applicable</u> :		
•	(no more than 90 days after amendment file	date)
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the icient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The follach voting group entitled to vote separately on the amen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and s	hareholder
	-8 -/(0 Math Noworks) ectory president or other officer - if directors or officers h	
	by an incorporator – if in the hands of a receiver, trustee d fiduciary by that fiduciary)	, or other court
	(Typed or printed name of person signing)	
	Vice President (Title of person signing)	