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(R	Requestor's Name	e)
(A	Address)	
A)	Address)	
(C	City/State/Zip/Pho	ne #)
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Paral

R. WHITE. AUG 0 9 2018

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
screen crafters coa	•		_
DOCUMENT NUMBER: p1500	(Name of Corp		_
The enclosed Officer/Director Res	signation for a Corporati	on and fee are submitted for fi	ling.
Please return all correspondence c	concerning this matter to	the following:	
garry c.smith			
(Name of Pe	erson)	_	
screen crafters coastal			
(Name of Firm/C	Zompany)	— ARCAA (M	tho
4248 s atlantic avenue		gargesic	ith@ notmail.com
(Address	;)	_	Birner
wilbur by the sea florida 32127	,		
(City/State and Z	Lip Code)		
For further information concerning	g this matter, please call	:	
melanie eddington	386	451-1880	
(Name of Person)	at (at (Area Co	451-1880 ) ode & Daytime Telephone Numbe	er)
Enclosed is a check for \$35.00 ma	de payable to the Florida	a Department of State.	

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

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

## Articles of Amendment to

## FILED

Articles of Incorporation

Some Conflex Con	2018 AUG -7 AM 10: 55
(Name of Corporation as currently	iled with the Finanta Depta (Comp.) FI
P 15000044510	MEEMINOULEVIE
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $FL$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
M	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent WA	
(Florida street	address)
New Registered Office Address: WA	, Florida
(C	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	UP Austin Ross	195 Windsor Drive Port Orange PL
Add		Port Orange PL
Remove		<u>32129</u>
2)Change	VP Tegan Bowers	NEW Smyrna Beach
		New Smyrna Beach
Remove	T John Robn braces	FL 32168
3 ) Change	John Robh Brails	4248 S. Atlantic
Add Remove		Who by The Ja
Remove		10 3010 /
4) Change		
Add		
Remove		
5) Change		
Add		<del></del>
Remove		
6) Change		
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4.0	(Be specific)
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M	
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
orovisions 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:
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The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
(fo more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other com appointed fiduciary by that fiduciary)	π
Carry C. Snith (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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