## P15000050112

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MONAIR

## **COVER LETTER**

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: CASEENWAY BOOKING INC.						
DOCUMENT NUMBER: 150000 50 113						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person  Creenway Acct no Inc  Print Company  Address						
Callaban 71. 32711 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person  at (904) 628-6536  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)						

Mailing Address Street Address

Amendment Section

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Content of Corporations
Clifton Building
Content of Corporations
Clifton Building
Content of Corporations
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment	بر ار	
to Articles of Incorporation	4	•
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Careenway Scoting Inc.	58	16
(Name of Corporation as currently filed with the Florida Dept. of State)	<del>  2</del>	<u> </u>
	يين	-
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amits Articles of Incorporation:	endment	:(s) t
A. If amending name, enter the new name of the corporation:		
	ł	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre	1.	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A."	nation in the	
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS )		
)		
Finter now mailing address if any Paul		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
). 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:		
(Civil		
(City) (Zip Code)		
'		
ew Registered Agent's Signature, if changing Registered Agent:		
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		1

Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treas Changes should be no a change, Mike Jones Mike Jones, V as Remo Example:	ets, if neces, of the control of the	r Directors, enter the title and name of each offinetor being added: ssary) the by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR Financial Officer. If an officer/director holds motor would be PTD. following manner. Currently John Doe is listed as a corporation, Sally Smith is named the V and S. The lly Smith, SV as an Add.	= Trustee; C = Chairman or Clerk; CEO = Chiejore than one title, list the first letter of each office
X Change	<u>PT</u>	John Doe	1
X Remove	V	Mike Jones	:
X Add	<u>sv</u>	Sally Smith	'
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	- Loop Cassidy	4402 St.
X Add			4403 Shonewoold.
Remove			OBlanck, Fl. 32837
2) Change			
Add			
Remove			
3)Change		·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change	<del></del>		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		1
MELIOSA HATCHER VicePresident Change from Hydro	10	39
Topo Crossily Secretary give 10-090		
	<del> </del>	
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	<u></u>	
	<del></del>	
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)		
	<u> </u>	j f
	_	

The date of each amendment(s) adoption:, if date this document was signed.	ther than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<u> </u> 
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	1
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	· I
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	1
by Thellip thete her P (Ne) south atcher VP " (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated9.35.17	!
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 court appointed fiduciary by that fiduciary)	į
(Typed or printed name of person signing)	_
(Title of person signing)	· .