P15000060717

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COVER LETTER

TO: Amendment Section

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: <u>C3 C Sonas Remodelations Services Corp</u> 160 000 60717 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: C3 C Sonas Remodelations Services For further information concerning this matter, please call: 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

,	of		E.
C3C Janas	Remadelations ber	vices (pro	
(Name of Co	rporation as currently filed with the Flor	rida Dept. of State)	
	P150 000 607 17		6
	(Document Number of Corporation (if known	wn)	3
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corpo</i>	pration adopts the follow	ing amendment(s)
A. If amending name, enter the new name o	of the corporation:		
C&C San	05 Gerliees Cori	2	The new
name must be distinguishable and contain in "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professiona	"incorporated" or the l corporation name mus	abbreviation
3. Enter new principal office address, if app	olicable:		
Principal office address <u>MUST BE A STREI</u>		1/1/1	
	/\(\begin{array}{cccccccccccccccccccccccccccccccccccc	//7	······································
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		1/1/1	
		VIA	
). If amending the registered agent and/or	registered office address in Florida, enter	r the name of the	
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent	1//		
	N/A		
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(City)		o Code)
	(City)	(Eq	Code
New Registered Agent's Signature, if chang			
hereby accept the appointment as registered in	agent. I am familiar with and accept the o	bligations of the position	
	. / .		
	NIA		
	Signature of New Registered Agent, if cl		

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				1//
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

M/A	
1/A	
MA	
M/A	
f 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)	
A / /	
/ / / / _	
——————————————————————————————————————	
/	

. ,		1/2		'C adam dan dan dan
The date of each amendment(s) adoption date this document was signed.		- MA		, if other than the
Effective date <u>if applicable</u> :		N/A·		
	(no more than 9	0 days aft er amendment	file date)	
Note: If the date inserted in this block do document's effective date on the Department		cable statutory filing rec	uirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of votes cast fo	or the amendment(s)	
☐ The amendment(s) was/were approved be must be separately provided for each verified.				
"The number of votes cast for the	amendment(s) was/wer	e sufficient for approval		
by				
	(voting group)			
The amendment(s) was/were adopted by action was not required.	the board of directors	without shareholder act	ion and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators with	out shareholder action a	nd shareholder	
Dated	14/2016.			
Signature				_
selected, by an		eer – if directors or office thands of a receiver, tru		
	(Typed or printed i	name of person signing)		
	Cousid (costano		
	(Title o	of person signing)		