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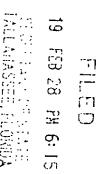
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Drako	n Coatings I	ndustices, Inc.
DOCUMENT NUMB	er: <u> P1500</u> 0	1093652	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-		Behrendt Name of Contact Person	
	Drakon	Coatings Indu	istries, Inc.
	167 Proc	ress Circle Address	
	Venice	Address FL 34285 City/ State and Zip Code	c
	•-	Ltings@gmai	
For further information	concerning this matter, pleas	se call:	
Jennifer i	Behrendt		444-8752
	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address	Street	Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Drakon Coatings Industices, (Name of Corporation as currently	Inc.		
	filed with the Florida De	pt. of State)	
P15000093652			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Florida Profit Corporation	adopts the following amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
Drakon Coatings Industries.	Inc.	The ne	W.
Drakon Coatings Industries, 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	Co". A professional corpo	porated" or the abbreviation name must contain to	on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	> 9 - 0	· 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	EB 28 PH 6: 15	TILED SA
D. If amending the registered agent and/or registered office address:		ame of the	
Name of New Registered Agent N			
(Florida stree	et address)		
New Registered Office Address:		, Florida(Zip Code)	-
(1)	City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w			
Signature of New Ro	egistered Agent, if changin		

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 = ChiefExecutive 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.

Mike Jones, v as Kemos	t, und own, some	
Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	sary). (Be specific	ange(s) here:)		
N/A				
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If an amendment provides for	an exchange, reclas	<u>sification, or canc</u>	ellation of issued sh	ares.
provisions for implementing t	he amendment if no	ot contained in the	amendment itself:	
(if not applicable, indicate	N/A)			
N/A				
				
		<u> </u>		
·				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w locument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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.	
☐ 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	
by	
☐ 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.	
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 court appointed fiduciary by that fiduciary)	
Douglas Behrenat (Typed or printed name of person signing)	
President (Title of person signing)	