P16000005059

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Buis, INC	
DOCUMENT NUME	BER: P16000005059	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.
Please return all corres	spondence concerning this mat	ter to the following:
	Steven F. Buis	
	·	Name of Contact Person
	Buis, INC	
	_ .	Firm/ Company
	1201 Hamlet Ave	, mile company
	<u> </u>	Address
	Clearwater, FL 33756	
		City/ State and Zip Code
		City/ State and Zip Code
sfbuis	s@gmail.com	
	E-mail address: (to be us	ed for future annual report notification)
For further informatio	n concerning this matter, pleas	ed for future annual report notification) se call: 727 410-0683
Steven F. Buis	,	at (727 410-0683
Name	of Contact Person	Area Code & Daytime Telephone Number *
Enclosed is a check for	or the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Buis, INC

(Name of Corporatio	n as currently filed with the l	Florida Dept. of State)	1 To 1
P16000005059			74°.
(Docume	ent Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	orporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the con	rporation:		
	<u></u>		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co". A professi	or "incorporated" or the cional corporation name must	The new abbreviation t contain the
B. Enter new principal office address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADD			
	· · · · · · · · · · · · · · · · · · ·		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>		
	•	• • •	
			
	•		<u></u>
D. If amending the registered agent and/or registere	ed office address in Florida, e	enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent			
			_
	(Florida street address)		_
	·		
New Registered Office Address:	(City)	, Florida	Code)
•	(City)	(<i>Lip</i>	Codej
		, r	
New Registered Agent's Signature, if changing Regil I hereby accept the appointment as registered agent.		he obligations of the position.	
	,	g	
Signa	ature of New Registered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	T	Robert A. Borger	1005 The Mali
<u>x</u>			Belleair, FL 33756
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			· .
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			•
Add			
Remove			
6) Change			٠,
Add			
Add Remove			

(Be specific)	<u>re</u> :		
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ange, reclassification, o			
ange, reciassification, c	r cancellation of	issued shares	
dment if not contained	in the amendme	nt itself:	1
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idment if not contained	in the amendme	nt itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
01/25/2016 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill 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"	
(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.	
action was not required.	SE 56
01/25/2016 Dated	Co C
Dated R-	
Signature digner J. Burs	
	
(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	and the same
appointed fiduciary by that fiduciary)	The sales Transfer
	Colo
Steven F. Buis	*
(Typed or printed name of person signing)	
President	
(Title of person signing)	