## P16000017533

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JUN - 6 2016 C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DON SEISCO INC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this may	tter to the following:	
;	ZANETTA CAMPBELL		
-		Name of Contact Person	)
	EFI TAX SERVICES		
-		Firm/ Company	
	PO BOX 5		
-		Address	
	SHELL KNOB, MO 65747		
-		City/ State and Zip Code	2
Z.CA	MPBELL@EFIGROUP.NET		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ZANETTA CAMPBE	LL	at ( <sup>417</sup>	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fcc	□\$43.75 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)
Ame Divi P.O.	ling Address Indment Section Is sion of Corporations Box 6327 Is shassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



DON . SISCO INC.

2016 MAY 31 PM 4: 27

(Name of Corporation as current	y filed with the Florida Dept. of State)
P16000017533	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co''. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/17
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	/ ' '
(Florida st	reet address)
New Registered Office Address:	, Florida_
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of Nov.	Revistered Avent 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	S	ZANETTA CAMPBELL	1175 BAY RD#41
Add X Remove			MOUNT DORA, FL 32757
2) Change	S	DON SISCO	1175 BAY RD #41
X Add			MOUNT DORA, FL 32757
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			*****
5)Change			
Add			
Remove			****
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	NA
	10/14
	Marin .
lf an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A
	,

• • •	01/A		
The date of each amendment(s) adoption:	V/17		if other than the
date this document was signed.		SECRETARY  SECRETARY  SECRETARY	OF STALL
Effective date if applicable:		HVISION OF LU	
	(no more than 90 days after amendment file date)	2016 MAY 31	PH 4: 27
<b>Note:</b> If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, State's records.	this date will not	be listed as the
Adoption of Amendment(s) (CH	IECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amen approval.	dinent(s)	
	e shareholders through voting groups. The following group entitled to vote separately on the amendment		
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval		
by			
(voi	ting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sha	areholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	older	
Dated 5-24	-16		
300	The Card of		
Signature	sident or other officer – if directors or officers have no	ot been	
	orporator – if in the hands of a receiver, trustee, or of		
appointed fiduciary	y by that fiduciary)		
Z	anetta Campbell		
	(Typed or printed name of person signing)		
	Treasurer		
	(Title of person signing)		