## P160000228/8

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	l:Architect	ural & Design Elements, Ir	nc.
DOCUMENT NUMBER:	P16000022818		
The enclosed Articles of Amer	adment and fee are su	bmitted for filing.	
Please return all correspondence	ce concerning this mat	tter to the following:	
	N	lichael Weaver	
		Name of Contact Person	1
	Architect	ural & Design Elements, In	e.
<del>-1</del>	*	Firm/ Company	
		181 Lynn Dr., Suite A	
		Address	
	Sa	anta Rosa Beach, FL. 32459	9
<del></del>		City/ State and Zip Code	2
	mwe	aver50@gmail.com	
E-1	nail address: (to be us	sed for future annual report	notification)
For further information concer	ning this matter, pleas	se call:	
Michael W	eaver	at (	341-5868
Name of Conta	et Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Florida Depa	ertment of State:
	843.75 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)
Mailing Address Street Address		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 to Articles of Incorporation of

Architectural & Design Elements, Inc.

(Name of Corporation as currentl	ly filed with the Florida Dept. of State)	
P1600002	<del></del>	
(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	ig amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
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	 bbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<del>• · · · · · · · · · · · · · · · · · · ·</del>
C. Enter new mailing address, if applicable:	S —C)	201
(Mailing address MAY BE A POST OFFICE BOX)	AC E	<del></del>
	AE	\(\frac{1}{2}\)
	A	ω !
	Sec.	3
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address		20
Name of New Registered Agent	***	
Name of New Registered rigem		_
(Elavida et	reet address)	_
{i tortua An	ree uuurcsay	
New Registered Office Address:	, Florida	Code)
	(City) (Zip	Coaej
New Registered Agent's Signature, if changing Registered Agent	t:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
		_
Signature of New 1	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.

X Remove         V         Mike Jones           X Add         SV         Sally Smith           Eype of Action (Check One)         Title         Name         Address           Check One)         MGR         David Nelson Helms         1724 Shellf           Navarre, Fl.         Navarre, Fl.         Navarre, Fl.           Remove	
Check One)         Title         Name         Address           Check One)         MGR         David Nelson Helms         1724 Shellf           Navarre, Fl         Navarre, Fl           Add         Remove           Add         Remove           Add         Remove           Add         Remove           Add         Remove           Add         Remove           Add         Remove	
Check One)         MGR         David Nelson Helms         1724 Shellf           X         Add         Navarre, Fl           Remove	
Change	
X       Add         Remove	fish Dr.
Change	L. 32566
Add	
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Change	
Add	
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Change Add	
AddRemove	<u>,                                     </u>
Remove	
Change	
Add	
Remove	
5) Change	
Add	

Attach additional sheets, if necessary).	(Be specific)			
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	ange, reclassitica	tion, or cancellation	of issued shares.	
an amendment provides for an exch provisions for implementing the ame	adment if not con	tained in the amend	ment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ameno	ment itself:	
provisions for implementing the ame	ndment if not con	tained in the ameno	ment itself:	
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an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	tained in the ameno	ment itself:	

05/31/2019	
The date of each amendment(s) adoption:	, if other than
date this document was signed.	
6/1/2019	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ite will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"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.	er er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/31/2019	
Dated	
Signature Marker Walnum	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	1
Michael Weaver	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the