P160000 a5169

Office Use Only



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10/28/16--01010--023 **35.00



And the

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	ATION: DO Crane Inspect	ions, Inc.						
DOCUMENT NUMB	ER: P16000025169							
	of Amendment and fee are su	abmitted for filing.						
Please return all corres	pondence concerning this ma	tter to the following:						
	Libby Paeplow							
•	Name of Contact Person							
	DO Crane Inspections, Inc.							
- -	Firm/ Company							
	102 Savilla Lane							
•	Address							
	Lake Placid, FL 33852							
_		City/ State and Zip Code	e					
docrar	neinspections@yahoo.com							
	E-mail address: (to be us	sed for future annual report	notification)					
For further information	concerning this matter, please	se call:						
Libby Paeplow		at (805-7770					
Name o	f Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:					
\$35 Filing Fee	□\$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)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

DO Crane Inspections, Inc.				
(Name	of Corporation as currently	filed with the Florida Dep	t. of State)	
P16000025169				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following a	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			7	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpord	orated" or the abbi	reviation
B. Enter new principal office address,	if annlicable:	N/A		•
(Principal office address MUST BE A S				
•		t .		
			 	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		<u></u> .
•				
•				u.
D. If amending the registered agent an		ss in Florida, enter the nan	ne of the	
new registered agent and/or the nev				
Name of New Registered Agent	N/A .			
• • •	t address)			
New Registered Office Address:	% :		. Florida	
New Registered Office Address.		City)	Zip Coo	de)
•				
New Registered Agent's Signature, if c			44.50	
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligation	s of the position.	
			1-3	•
• • •	٠,			5 #
	Signature of New Reg	gistered Agent, if changing	The same	in a constant
	. ,			

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 <math>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 Smit	Sally Smith				
Type of Action (Check One)	Title	<u>N</u>	ame		·.		Address
1) X Change	S,D		David George Paeplow		<u>.</u>	102 Savilla Lane	
Add							Lake Placid, FL 33852
Remove							
2) Change	D	L	ibby Ann P	aeplow			102 Savilla Lane
X Add						•	Lake Placid, FL 33852
Remove				1			
3) Change							
Add							
Remove			,				
4) Change					1		·
Add	• .						
Remove							
· P	• •				•		
5) Change					•		•
Add							
Remove					•		
6) Change			·				
Add		1					
Remove							

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A					
	18.1 - 1				
	e to testina lact v				
					
•					
F. If 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) N/A					
	·				
	,				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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.	Il not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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.	
Dated 10-26-2016	
Signature Queno Queno	
(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)	
(Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
Vice - Tresident	
(Title of person signing)	