P16000058993

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FEB 28 2017

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 5 MILEY VINYL INC. DOCUMENT NUMBER: P16000058993 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STEVEN A, MILEY

Name of Contact Person SMILEY VINTE INC.
Firm/ Company SPRINGTROF RD,
Address SACKSONVILLE FL: 32210

City/ State and Zip Code Steve milet 48 A G-MAIL, Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 437 1501 Area Code & Daytime Telephone Number STEVE MILEY Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status **Certified Copy** Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SMILEY UMY			of State)
(Name of Corpor	ation as currently file	d with the Florida Dept. o	f State)
P16000658	2993 cument Number of Corp		2
(Doc	cument Number of Corp	ooration (if known)	罗
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Flori</i> d	da Profit Corporation adop	ots the following amendment
A. If amending name, enter the new name of the	corporation:		
			The ne
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)		
	<u> </u>		
C. Enter new mailing address, if applicable:	narr		
(Mailing address MAY BE A POST OFFICE)	<u> </u>		
D. If amending the registered agent and/or regis	staved office address is	Florida outar the name	of the
new registered agent and/or the new register		i Fiorida, Çil <u>ler the name</u>	<u>or the</u>
Name of New Registered Agent			
Trame of New Registered figent			
·	(Florida street ad	dress)	
Non Declaration 1000 at 111 and	•	ŕ	1: 4 -
New Registered Office Address:	(City)		lorida(Zip Code)
New Registered Agent's Signature, if changing R		r i de rae de	C.A
I hereby accept the appointment as registered agen	t. I am familiar with a	na accept the obligations o	t the position.
Si	ignature of New Registe	red 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> Jo	ohn Doe			
X Remove	<u>V</u> <u>M</u>	Mike Jones			
X Add	<u>sv</u> <u>s</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	V	KENNY AUSTIN	1450 HIGHLAND AVE		
Add			JACKSONVILLE FL		
Remove			32207		
2) Change					
Add					
Remove					
3) Change		 			
Add					
Remove					
4) Change					
Add			<u> </u>		
Remove					
5) Change					
Add					
Remove					
6) Change	 				
Add					
Pamova					

			onal Articles, ente essary). (Be spec		<u>^e</u> :		
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F. <u>If an am</u>	endment_i	orovides for	an exchange, rec	lassification, o	r cancellation of iss	ued shares.	
		plementing ble, indicate		not contained	in the amendment	itself:	
12			•	AM	610106	KON	NY AUSTIN
10%	OF	THE	Comp	ens	Smilky V	~~~	/~L.
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The date of each amendment(s) adoption:	02-19-17	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> : 62-	ー フ フ ー / フ (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	ı
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the ame or approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by	hoting group)	
'	voung group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareh	oolder
Dated 62-19-	<u> </u>	<u> </u>
Signature	resident or other officer - if directors or officers have r	ant have
	resident or other officer – it directors or officers have to ncorporator – if in the hands of a receiver, trustee, or o	
	ary by that frduciary)	
••		
	STEVE MILEY	
	(Typed or printed name of person signing)	
	PRESIOUT (Title of person signing)	
	(Title of person signing)	