## P16000080853

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

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Division of Corporations
NAME OF CORPORATION: POLY COST 3
DOCUMENT NUMBER: Y 6000080853
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Demot Parkes  Name of Contact Person  Decker 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Firm/ Company
314 SW LOG Drive
Address
Hort Saint Lucie FL 34953
City/ State and Zip Code
E-mail address: (to be used for future ahnual reportablification)
For further information concerning this matter, please call:
Dermot Partel at (1772), 201 - 1819 (172) (207-204)  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Secretificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

	gr CG U
Parkesuille	COCD EE CO
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P16000	080853
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>:</u>
$\mathcal{N}/A$	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," oword "chartered," "professional association." or the abbreviation.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	or "Co". A professional corporation name must contain the on "P.A."  314 SW LCG DRIVE
C. Enter new mailing address, if applicable:	Port Saint Lucie FL, 34953
(Muiling address MAY BE A POST OFFICE BOX)	FL, 34953
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	N/A
(Floride	a street address)
New Registered Office <u>Address</u> :	J / A Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<i>W/</i> A	
Add			
Remove		I	
2) Change		N/A	
Add			
Remove		. 1.	
3) Change			
Add			
Remove			
4) Change		NA	
Add			
Remove		1	<del></del>
5) Change			<del></del>
Add			
Remove		1	
6) Change		N/A	
Add		ı	
Remove			

<u>amending or addi</u> Attach <i>additional sh</i>	ng additional Article rets, if necessary). (	s, enter change(s) here Be specific)	<u>\$</u> :		
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an amendment ni	ovides for an exchan	ge, reclassification, or	cancellation of issue	d shares.	
provisions for imp	lementing the amend	ment if not contained	in the amendment its	elf:	
(if not applicab	le, indicate N/A)				
<u></u>		N/A			
		•			
		<del></del>			
					_

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this dat	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s l'ficient for approval.	)
	roved by the shareholders through voting groups. The following stateme, each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 7	127/17	
Signature	Demot Ent	
(By a di selected	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Dermot Parkes (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	