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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tokan Construction	n and Design Corp	
DOCUMENT NUM	BER: P17000008223		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Heather Ferreras-Tokan		
	, , , ,	Name of Contact Person	1
	Tokan Construction and Desi	ign Corp	
		Firm/ Company	
	4051 N. Pine Island Road, A	pt. 202	
		Address	
	Sunrise, FL 33351		
		City/ State and Zip Code	;
	Tokanconstruction@gmail.co	ากเ	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Heather Ferreras-Tok	an	at ( <u>954</u>	) 214-0162 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation $\mathbf{of}$

Tokan Construction and Design Corp.					
(Name o	of Corporation as currently	filed with the Florida Dep	t. of State)		
P17000008223					
	(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	dopts the following	g amendment(s)	) to
A. If amending name, enter the new na	ame of the corporation:				
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc," or "Co". A				
B. Enter new principal office address, (Principal office address MUST BE A S					
(Frincipal office address MOSI BE AS	INEEL ADDRESS )			~	
				, 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				·	
·				72	:
				7:5	į
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	ss in Florida, enter the na	me of the	77	
Name of New Registered Agent	Anthony S. Tokan	•		•	
	4051 N. Pine Island Road #2			-	
	(Florida stree	t address)	22751		
New Registered Office Address:	Sunrise	Tity)	_, Florida <u>33351</u> (Zip C	Code)	
Now Degistered Agent's Signature if o		му	(Zip C	.oue)	

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 New Registered Agent, if changing

#### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Change	<u>PT</u>	John Do	<u>ee</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) x Change	P	_	Anthony S. Tokan	4051 N. Pine Island Road
Add				#202
Remove				Sunrise, FL 33351
2) Change		_		
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		<b></b> -		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
1	
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- "	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
	mber 8, 2020	
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	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be fisted as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendmenticient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
December 8 Dated	Storces	
	ector, president or other officer - if directors or officers have not be	
	, by an incorporator – if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	ourt
1	Heather Ferreras-Tokan	
-	(Typed or printed name of person signing)	
	CEO .	
-	(Title of person signing)	<del> </del>