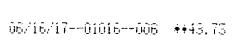
P1700008479

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consisting and Fill of Cons
Special Instructions to Filing Officer

Office Use Only



500300321435



JUN 2 0 2017 S. YOUNG

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Cooper Enterprises of Valrico Inc. DOCUMENT NUMBER: P1700000 8479
DOCUMENT NUMBER: P1700000 8479
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Cooper Name of Contact Person
Cooper Entropises of Valrico Inc.
207 Sand Ridge Dr. Address
Val rico FC 33594 City/ State and Zip Code
E-mail address: No be used for future annual report notification)
For further information concerning this matter, please call:
Dane Cooper at (321) 960 · 7030 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:
□ \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clutton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

,	of				
COPPET FORTISCS	of Valor	Tac			
Coper Enterprises a	as currently file	d with the Florid	a Dept. of Stat	<u>e</u>)	
P17000	008479				
(Docume	nt Number of Cor	poration (if knowr	1)		·
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flori</i>	ida Profit Corpora	ntion adopts the	following a	amendment(s)
A. If amending name, enter the new name of the corp	poration:				
\sim	4			7	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co".	A professional of	incorporated" e corporation nan	or the abb ne must co	reviation ntain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	MESS)		NIA		
C. Enter new mailing address, if applicable:	_		1./1		17
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<i>-</i>		<u>/V A</u>		<u> </u>
	_				<u> </u>
D. If amending the registered agent and/or registered	d office address i	n Florida, enter t	he name of the	• • • • • • • • • • • • • • • • • • •	2.T
new registered agent and/or the new registered of		i i i i i i i i i i i i i i i i i i i	ne name or the		74. 74.
Name of New Registered Agent		1/A			~ ~)
	(Florida street ac	ldress)			
New Registered Office Address:	<u> </u>		, Florida	Zin Co	4
	14.7,	,		Conf. CV	,
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I to		and accept the obl.	igations of the p	osition,	
	., /	'Δ			
Sivnat	ure of New Regist	ered Agent, if cha			

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> <u>John D</u>	<u>100</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally S</u>	mith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>CEO</u>	Michael David Wiese	548 N Bridgestone Av Saint Johns FL 32259
X Add			Saint Johns FL 32259
Remove			
2) Change			
Add			
Remove			
3) Change		11-41/	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

•	inal sheets, if	(necessary). (Be specific)	NOTO			
Ado	1,04	Michae	1 David	Wiese	95	10%	Sharehold
gnol	CEO	of (opper E	rtroprises	0 1/0	drico	
							
			·			-	 -
		······································		 			
							
	<u></u>						
				 			
							
<u> </u>							
		·					
16			,				
provisions fo	r implemen	s for an exchan ting the amend					
(if not ap	plicable, ind	licate N/A)	,	,/A			
	· · · · · · · · · · · · · · · · · · ·			7 [1]			
· · · · · ·							
						·	
·							
							

	/1	
The date of each amendment(s) adoption: date this document was signed.	<u> </u>	, if other than the
Effective date if applicable:	6/12/17	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not document's effective date on the Department of St		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app		for the amendment(s)
☐ The amendment(s) was/were approved by the s must be separately provided for each voting gi		
"The number of votes cast for the amenda		val
by President, Vin	re President	,**
(votin	g group)	_
☐ The amendment(s) was/were adopted by the beaction was not required.	oard of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action	n and shareholder
Dated	117	
Signature	2168	
	ent or other officer - indirectors or of	
appointed fiduciary b	porator – if in the hands of a receiver, by that fiduciary)	irustee, or other court
	Daniel 6 Cocxel	
(T)	yped or printed name of person signin	g)
	President	
	(Title of person signing)	