P17000014692

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Amend cus

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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Division of Corporations NAME OF CORPORATION: CAREET CLAST FLOTIDA COSP P17000014692 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SANDOR PAP

Name of Contact Person CAPEEF C. FAFT FLOTIDA COPP 2 Oceans West Blub Apt 2107
Address DATTONA BEACL Shores, FL 32118

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chuck SINGLETON at (774) 292-1686 Area Code & Daytime Telephone Number 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 enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

CAREER CRAFT FLORIDA CORP

(Name of Corporation	on as currently filed with the Florida Dept. of State)	
PIT	1000014192	
(Docume)	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
		The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or the abb " "Inc," or "Co". A professional corporation name must co. abbreviation "P.A."	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		
	P .	
		17 m
C. Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	**************************************	翌
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-	UR:	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent		
Hame to their negatives a regem		
	(Florida street address)	
New Registered Office Address:	Florida	
The state of the s	(City) (Zip Coo	le)
Now Designated Amenals Company 16 st		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.	
Signati	ture of New 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)

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 John</u>	1 Doe	
X Remove	<u>∨ Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	CHARLES K SINGLETON	6 Arborvoe Trl
X Add			DIMOND BEACH F
Remove			32/14
2) X Change	CEO	SANDOR PAP	4870 S Peniusula De
Add			Ponce lulel FL
Remove			32127
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	provides for an exc					
	nplementing the ame able, indicate N/A)	<u>:ndment if not (</u>	contained in the a	<u>imendment itsel</u>	<u>f:</u>	
	- PAP -	. 75 5	Shares			
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SAN DOI CHAFLES	K SINGLE	e10.W -	25 SH	IANES		
SAN DO	K SINGLE	e10.W -	25 SH	PANES		
SAN DOI CHAFLES	K SINGLE	270.0 -	25 SH	PANES		

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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 04 - 30 - 2018 Signature	
Signature	
(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 cou	
appointed fiduciary by that fiduciary)	
SANDOT PAP	
(Typed or printed name of person signing)	
CED	
(Title of person signing)	