## P17000035344

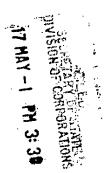
(Requestor's Name)	
(Address)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Tension Wing, Inc				
DOCUMENT NUM	IBER: P17000035344				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	•		
Please return all corr	espondence concerning this ma	tter to the following:			
	Heidi Holdam				
		Name of Contact Persor	1		
	HG Holdam Tax & Accounting, Inc				
		Firm/ Company			
	3830 Jog Road				
		Address	·		
	Lake Worth, FL 33467				
		City/ State and Zip Cod	e .		
нс	HoldamInsurance@HGHoldan	ı com			
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call: 561 at (	439-9621		
Namo	of Contact Person	Area Code & Davtime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Tension Wing, Inc.		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	3
Tension Wing, Inc.		ڔڹ
(Docun	nent Number of Corporation (if known)	di di
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc" or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abi p," "Inc," or "Co". A professional corporation name must co- abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
(Muning names) May be 111 og 1 of 110 bo		
		<u></u>
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the	
	Office address.	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida Florida (Zip C	Tode)
New Registered Agent's Signature, if changing Re	gistered Agent: I am familiar with and accept the obligations of the position.	
т пегелу ассері та арропитені ах гедімегей адені.	Tam jamular with and accept the ornigations of the position.	

Signature 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)

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		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	Ruby J	oyce Coffinan	17756 W. Sycamore Drive
X Add	<u> </u>			Loxahatchee, FL 33470
Remove				
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	g additional Article ts, if necessary). (1	Be specific)			
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<u>f an amendment pro</u>	vides for an exchan	ige, reclassificati	on, or cancellatio	n of issued shares.	
	menting the amend  indicate N/A)	ment it not cont	ained in the amen	ament itseit:	
provisions for imple	,,,,,,				
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The date of each amendment(s) adoption: date this document was signed,	, if other than the
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.	date will not be listed as th
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.	n(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/21/2017 Dated	
Signatural Finall	
(By) a direction president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other components appointed fiduciary by that fiduciary)	
Alfred Finnell	
(Typed or printed name of person signing)	<u></u>
President	
(Title of person signing)	<del></del>