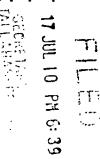
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JUL 1 2 2017

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Sansone Industries, Inc. DOCUMENT NUMBER: P170000 44643	
DOCUMENT NUMBER: 17 1 1 0000 446 43	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Manay B. Stewart	
Name of Contact Person 1535 Killeary Center Blvd.	
Suite A-1A	
Address Tallaussee FL 33309 City/ State and Zip Code	
<u>Nancy. Stewart @ nancy black Stewart.</u> Con E-mail address: (to be used for future annual report notification)	N
For further information concerning this matter, please call:	
Name of Contact Person 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 Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Articles of Amendment

to

Articles of In	_	
Sansone Inc	clustries LAC.	
	tly filed with the Florida Dept. of State)	
	9 44643	.
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corporation:	N/A	
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	"Co". A professional corporation name must co	previation ontain the
D. C. A. C. A. C.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		17
		_ = _ ~~;
	등 기계	معدد مد
	117	
C. Enter new mailing address, if applicable:	$\Lambda//A$	P
(Mailing address MAY BE A POST OFFICE BOX)		صف کے
		<u> </u>
		_
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent	N/H	
	,	
(Florida st	treet address) ;	
	1/A	
New Registered Office Address:	(City) , Florida (Zip Co	odes
	, 5,19,7	
New Registered Agent's Signature, if changing Registered Agent	t:	
I hereby accept the appointment as registered agent. I am familiar		
	A / / A	
	N/A Pagistared Agant if changing	
Signature of New 1	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: <u>X</u> Change	PT John	<u> 1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Salb</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Isabella S. Cox	Isabella S. Cox
Add X_ Remove	\mathcal{D}		Isubella S. Cox 11079 Tradevinds Blud Largo, FL 33773
2) Change			
NA — Add — Remove			
3) Change			
N/A Add Remove			
4) Change			
N/A Add Remove			
5) Change			
√			
6) Change			
Remove			

tach additional sheets, if necessary).	(Be specific)	1//	
		N/A	
	<u></u>		
			
			
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		<u></u>	
		.	
n amendment provides for an exch	ange, reclassification,	or cancellation of issued shar	es,
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contain	ed in the amendment itself:	
() , , , , , , , , , , , , , , , , , ,		1/1	
		/V ///	
		,	
	···		

	MD)				
The date of each amendment(s) adoption:		July 3,	2017	, if othe	r than the
Effective date if applicable: (no more life	an 90 days after	July 3 amendment file date)	2017		_
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statuto ls.	ry filing requirements,	this date will n	ot be list	ted as the
Adoption of Amendment(s) (CHECK ONE)					
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of	votes cast for the amend	dment(s)		
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	s through voting ; d to vote separat	groups. The following ely on the amendment(sta tem ent (s):		
"The number of votes cast for the amendment(s) was		for approval	•		
by		**	弄 _宫	17	
(voting group)		<u>_</u>		ي	- 77
☐ The amendment(s) was/were adopted by the board of direction was not required.	tors without shar	eholder action and sha	reholder	01	particular granustra d d d d d d d d
Whe amendment(s) was/were adopted by the incorporators action was not required.	without sharchol	der action and sharehol	ıder .	PH 6: 1	<u> </u>
Dated_ July 3, 2	017		. i.	0,1	
Dated	B. S.	kwart			
(By a director, president of other selected, by an incorporator – if is appointed fiduciary by that fiduci	officer – if direct n the hands of a :	ors or officers have no			
Nancy (Typed or prin	B. St	ewart			
Secre	tary,	Dicector			
(Ti	itle of person sig	ning)			