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DIVISION OF COUR OF THE ME

JUL 1 0 2017 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Advanced Direction	onal Drilling Solutions Inc.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Benjamin R Ekey or James	s G Hitson	
	Name of Contact Person	
Advanced Directional Drillin		
	Firm/ Company	
750 Oak Heights Ct Suite 3	·	
	Address	
Port Orange FL 32127		
 	City/ State and Zip Code	
Conflored to the conflored	•	
ap@adirectionalds.com	16 6	
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, please	e call:	
Greg Hitson or Benjamin Ekey	at (<u>386 or 407</u>) <u>566-3075 or 908-6429</u>	
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 & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\int_{\$52.50\$}\$ Filing Fee Certified Copy (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

•	Articles of Incorporation
Advance	of Directions Drilling Solutions of State)
(Name of Corporati	77000052077
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	x)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	t <mark>istered Agent:</mark> I am familiar with and accept the obligations of the position.
Sign	ature 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 <math>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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	Р	James G Hitson	750 Oak Heights Ct Suite 306	
X Add			Port Orange FL 32127	
Remove				
2) X Change	CEO	Benjamin R Ekey	750 Oak Heights Ct Suite 306	
Add			Port Orange FL 32127	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	•			
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>,</u>	,

The date of each amendment(s) a date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were acceptance acceptance.	lopted by the incorporators without shareholder action and shareholder
6/29/201 Dated	7
Signature	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Benjamin R Ekey
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)