

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:]

Office Use Only



900303407579

09/14/17--01009--021 **52.50

17 SEP 14 AM 9: 57

SEP 15 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SUNCOA	STMAID AND	MAINTENANCE, INC	
DOCUMENT NUMB	er: <u>\$17000</u>	066812		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	tter to the following:		
-	CAROLI	Name of Contact Perso	n	
-	N	Firm/ Company		
8725 PLACIDA RD #7-136				
	PLACIDA	FL 3394	16	
-		City/ State and Zip Cod	e	
·	Seand5 E-mail address: (to be us	9 @ Yak ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
CAROLI	NE DORAN f Contact Person	at (23 9	222 2157 de & Daytime Telephone Number	
	the following amount made		·	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Addings	Campa	A didmons	

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

FILED

Articles of Amendment

17 SEP 14 AM 9: 57

Articles of Incorporation

Articles of Incor	poration	SOMETHARY OF CONTRA
		THEATASELETINGS
SUNCOAST MAID AND MA (Name of Corporation as currently f	NO L	Florida Dent of State)
Chaine in Corporation as currency in		O
P11000061	081	<u></u>
(Document Number of C	orporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatitical Articles</i> of Incorporation:	o rida Pr ofit C	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
	CAUL	CES INC The new
name must be distinguishable and contain the word "corporation,"		
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A profess	
word "chartered," "professional association," or the abbreviation "P	A. "	
B. Enter new principal office address, if applicable:		J/A-
(Principal office address MUST BE A STREET ADDRESS)		l
,		
C. Enter new mailing address, if applicable:	*//	r_A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_/\/	K
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office address	<u>s in Florida.</u>	enter the name of the
new registered agent and/or the new registered office address:		
Name of New Registered Agent		······································
,		÷
(Florida street	address)	
New Registered Office Address: WA		. Florida
· · · · · · · · · · · · · · · · · · ·	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accent	the abligations of the position
,	sing accept	, 1-1-8-min of the beamon.
•//•		
NA		7,
Signature of New Reg	istered Agent	t, 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.

X Change	<u>PT</u> <u>J</u>	ohn Doe			
X Remove	<u>v</u> <u>n</u>	<u> Mike Jones</u>			
X Add	<u>sv</u> <u>s</u>	Sally Smith			
Type of Action (Check One)	Title	Name		Address	
1) Change			······································		
Add				/	
Remove					
2) Change				<u></u>	
Add			W /		
Remove			YA	······································	
3) Change		**************************************	/ h		
Add		,	/ 1		
Remove					
4) Change					
Add	·				, , , , , , , , , , , , , , , , , , ,
Remove					
5) Change	/	/		**************************************	
Add					
Remove					
6) Change /	_				
Add	-	***************************************			
Remove					

attach <i>additional she</i>	i <mark>g additional Arti</mark> ets, if necessary).	(Be specific)	e(S) nere:		
		•			
·	8 /	/ 			· ,
	/ /	<i>A</i>			
· · · ·		· · · · ·			
 					
 					
	<u> </u>				
					
		 	<u> </u>		· · · · · · · · · · · · · · · · · · ·
		· · · · · ·			
					···· · · · · · · · · · · · · · · · · ·
				··· · · · · · · · · · · · · · · · · ·	
 					
					
an amendment pro	ementing the ame	nange, reclassifice	ation, or cancellat	ion of issued sharendment itself:	2 5.
	e, indicate N/A)				
(if not applicable					
(if not applicabl		- 1/4			
(if not applicabl		N/A			
(if not applicabl		NA			
(if not applicabl		N/A			
(if not applicabl		N/A		÷	
(if not applicabl		N/A			
(if not applicabl		N/A			
(if not applicabl		N/A			
(if not applicabl		N/A			

The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_ SEPT 4,2017	
Signature Casaline Devan	
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
	MA
OFFICER AND REGISTERED	NOEN 1
(Title of person signing)	