P18000053163

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SCULPER SHE	ETROCK REPAIRS INC	
DOCUMENT NUM	IBER: P18000053163		
	s of Amendment and fee are s	ubmitted for tiling.	
Please return all corre	espondence concerning this ma	atter to the following:	
	SAMUEL CULP		
		Name of Contact Perso	n
	100 BAREFOOT WILLIAM	Firm/ Company AS ROAD STE 255	
		Address	
	NAPLES, FL 34113		
	-	City/ State and Zip Cod	e
MAJ	ORFART@LIVE.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
SAMUEL CULP		at (907	9574176
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ami Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, F1, 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRE SECRE

SCULPER SHEETROCK REPAIRS INC	SEC. SEC.
(Name of Corporation as current	tly filed with the Florida Dept. of States See Florida
P18000053163	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendments
A. If amending name, enter the new name of the corporation:	
TUCAN SAM SHEETROCK INC	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or " word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	100 BAREFOOT WILLIAMS ROAD STE 255
Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES FL 34113
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 BAREFOOT WILLIAMS ROAD STE 255
	NAPLES FL 34113
). If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	ress in Florida, enter the name of the
D. If amending the registered agent and/or registered office addingured registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
Name of New Registered Agent	<u></u>
Name of New Registered Agent	ress in Florida, enter the name of the s: reet address)
Name of New Registered Agent (Florida str.) New Registered Office Address:	<u></u>

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:		ц этин, эх из ин миа.	
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ກ Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
300000		
		
		
		-
	-	
		
		<u> </u>
		
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued sident if not contained in the amendment itself:	h <u>ares,</u>

	6/19/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	5/19/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were:	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
6/19/20 Dated	18	
Signature		
	a director, president or other officer - if directors or officers have not been	
selec	sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	SAMUEL CULP	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	