P18000067875

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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S TALLEN'T



prox

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: DISTINCTIVE CO	ONTRACTING SERVICE	SINC
DOCUMENT NUMBE	ER:		
The enclosed <i>Articles o</i> j	f. Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	STEVEN COOPER		
_		Name of Contact Perso	011
S	J COOPER & ASSOCIATE	ES	
_		Firm/ Company	
4	001 SANTA BARBARA B	LVD #366	
-		Address	
>	APLES, FL 34104		
		City/ State and Zip Coo	le
STEVE	N@SJCFINANCE.COM		<i></i>
	• •	sed for future annual repor	
For further information	concerning this matter, pleas	se cult:	
STEVEN COOPER		at (398-3637
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Dep	partment of State:
S35 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)
Amen Divisi P.O. L	ng Address dment Section on of Corporations Box 6327 hassee, F1, 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DISTINCTIVE CONTRACTING SERVICES INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P18000067875	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	" "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	N N N
(Mailing address MAY BE A POST OFFICE BOX	
	<u> </u>
	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zîp Code)
New Registered Agent's Signature, if changing Regist	stand Agants
	am familiar with and accept the obligations of the position.
	
Signat	ture 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: <u>X</u> Change	<u>PT _L</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	dike Jones	
_X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	JOSHUA RYAN GRIEVSON	7922 BAYOU GEORGE DR
X Add			PANAMA CITY, FL 32404
Remove			
2) Change			
Add			
Remove			**
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
A) Channe			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary,	(Be specific)
 	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical finite contained in the amendment riser.

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the Do	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 ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
11-8/2013 Dated	
Signature 况	dana Western Ver
(By a c selecte	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 need fiduciary by that fiduciary)
	NATHAN WESTMILLER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)