P180000 88513

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





100335924851

10/29/19--01012--002 **35.00

2818 CC | 29 AN 9: 17

R. WHITE NOV 26 2019

COVER LETTER

. . .

TO: Amendment Section

Division of Corporation	as .				
NAME OF CORPORATION	DAMNY	PARSONS STU	occo INC		
DOCUMENT NUMBER: P18000088513					
The enclosed Articles of Am					
Please return all corresponde	nce concerning this ma	tter to the following:			
<u> </u>	DANNY E	PARSON S Name of Contact Person	1		
-		Firm/ Company			
	102 E NEW	U HAUEN AUE,	PMB 197		
		Address			
	MELBOUR	DE, FL 3	2901		
E	Janny Par-mail address: (to be us	City/ State and Zip Code Sed for future annual report	PMB 197 2901 e nail. Com notification)		
For further information conce	erning this matter, pleas	se call:			
Danny E. 9	PARZSONS	at(_321	de & Daytime Telephone Number		
Name of Con	tact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Depa	ertment of State:		
\$35 Filing Fee	IS43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			<u>A</u> ddress		
Amendment Section Division of Corporations		Amendment Section			
P.O. Box 6		Division of Corporations Clifton Building			
Tallahassee, Ft. 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

DANNY PARSONS:	STUCCO.	INC 2319 (1	07. 29 AM 9: 1	7
(Name of Corporatio	n as currently file	d with the Florida	Dept. of State)	
P1800008	8513			
(Docume	ent Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florid	da Profit Corporati	on adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the cor	rporation:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the a	" "Inc." or "Co".	A professional co.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		-		
The spirit of th	<u> </u>			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>.</u>			 _
	_			
D. I.G				
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		i Florida, enter the	name of the	
Name of New Registered Agent				
			_	
	(Florida street ad	dress)		
New Registered Office Address:			, Florida	
	(City)			Lip Code)
New Registered Agent's Signature, if changing Regis	sterod Agent:			
I hereby accept the appointment as registered agent, 1	am familiar with a	nd accept the obliga	itions of the positio	n.

Signature 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:	re, and oding om	un, or us un nuu.	
X Change	<u>PT</u> John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	WOODY J. MOMPEROUSSE	102 E. NEW HAVEN, PMB19.
X_ Add			MELBOURNE, FL 32901
Remove			
2) Change	VP	JONATHAN RAY	2509 LOCKLEY RD
_X Add		·	7509 LOCKLEY RD MELBARNE, FL 32935
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			**************************************
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	October 2	24 ر	2019	, if other than the
date this document was signed.				
Effective date <u>if applicable</u> :	october ?	Z4,	2019	
	(no more than 90 days o	after at	mendment file date)	
Note: If the date inserted in this block does r document's effective date on the Department of		atutory	filing requirements,	this date will not be listed as th
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		er of vo	otes cast for the amend	dment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting				
"The number of votes cast for the ame	ndment(s) was/were suffic	ient fo	r approval	
by	···		.,,	
(vo	ting group)			
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without	t share	holder action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shar	rehold	er action and shareho	lder
Dated Octo	ber 241 0	70 1	9	
Signature X				
	ident of other officer – if o	directo	rs or officers have no	t been
	orporator – if in the hands	of a re	ceiver, trustee, or oth	er court
appointed fiduciary	y by that fiduciary)			
D	ANNY E PA	125	50~S	
	(Typed or printed name of	ì perso	n signing)	
	PRESTORNT (Title of perso			
	(Title of perso	n sign	ing)	