P1900001105

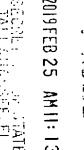
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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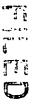


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R. WHITE FEB 27 2019



COVER LETTER

TO: Amendment Section

Division of Corporations .		
NAME OF CORPORATION: C5 Cowher, PA DOCUMENT NUMBER: P 90000 11005		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Chris typher Combes Name of Contact Person C.J. Cowher, A Firm/ Company Address Address Address City/ State and Zip Code C.J. D. W. Kere. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (570) 815-4756 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

7019 FED 2

Articles of Amendment Articles of Incorporation

1013 FEB 52	AM 11: 13
SECRETIS TALLAMA:	

	of '	17.10.0	- L. F. L
CS Cowher	, PÄ		
(Name of Corporation	on as currently filed v	vith the Florida Dept. of State)	
P19000011	100 C		
(Docum	nent Number of Corpor	ation (if known)	
	·		
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	i Statutes, this Florida	Profit Corporation adopts the fo	llowing amendment(s
·			
A. If amending name, enter the new name of the co			
Christopher Cowher			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A	mpany," or "incorporated" or professional corporation name	the abbreviation must contain the
3. Enter new principal office address, if applicable	<u></u>		
Principal office address <u>MUST BE A STREET ADD</u>			
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)		
		 :	
. If amending the registered agent and/or register	ed office address in F	lorida, enter the name of the	
new registered agent and/or the new registered of	office address:		
Name of New Registered Agent			
	(Florida street addre	wy)	
New Registered Office Address:		Elorida	
14.15 registered Cyfree Address.	(City)	, Florida	(Zip Code)
ew Registered Agent's Signature, if changing Regi			
hereby accept the appointment as registered agent.	I am familiar with and	accept the obligations of the posi	tion.
Sione	ature of New Registered	d Avent if changing	
0,7,10	arm a stylen are stock married		

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>	John Doe	
X Remove	<u>v</u>	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			
6) Change			
Add			
Remove			

	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(i) not appreame, maicate (VA)	
	_

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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2/22/19	
Signature (By a director, president or other officer – if directors or officers have not bee	
(-)	:n
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
Christopher Cowher (Typed or printed name of person signing)	
(Typed or prinled name of person signing)	
President	
(Title of person signing)	