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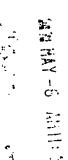
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: CSC RENOVATIONS INC.
DOCUMENT NUMBER: <u>D19 0000339168</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person (SC RENOVATIONS INC. Firm/ Company 431 42AD AVE NE Address ST. PETERS BURG FL 33703 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 453 - 2152 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

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Articles of 1	Incorporation	E.
('5C A	Renovations	INC. F.
(Name of Corporation as curre	ntly filed with the Florida Dept. of S	tate)
PIGDO	00033948	<u> </u>
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts	the following amendmen
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	V/A	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address registered registered office address registered office address registered office address registered registered office address registered registered office address registered regist		the
Name of New Registered Agent \(\sigma \operatorname{O} \)		
<u>.</u>		
(Florida	ı street address)	
(P. KOT MALE	survey (mares.sy	
New Registered Office Address:		ida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of th	ne position.
<u> </u>	Desired Agent Colores	
Signature of New	w 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 = ChiefExecutive 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: X Change	PT John Do	<u>e</u>	
X Remove	V Mike Jor	nes	
X Add	<u>SV Sally Sm</u>	<u>nith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	PD C50	PETER T CHASAS JR	431 4220 AVE NO
NAdd			5T. PETE FI 33703
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	eets, if necessary). (Be specific)			
UA					
<u>, </u>					
			<u>-</u>		
	 	-			
				_	<u> </u>
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				_ _	
					
an amendment p	rovides for an exchan	ige, reclassificati	on, or cancellati	on of issued sha	res,
rovisions for imp	lementing the amend	ment if not conta	ined in the ame	ndment itself:	
(if not applicat	ole, indicate N/A)				
NA					
MA					
MA					
MA					
MA					
N/A					
MA					
NA					
MA					

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The nur by the shareholders was/were sufficient for approval.	nber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes east for the amendment(s) was/were su	fficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required. ☐ The amendment(s) was/were adopted by the incorporators without	
action was not required.	
Dated 5/1/2019	
Signature Class	
(By a tirector, president or other officer - selected, by an incorporator - if in the har appointed fiduciary by that fiduciary)	- if directors or officers have not been nds of a receiver, trustee, or other court
P.J. CHAKA	e of person signing)
(Typed or printed nam	e of person signing)
PRESTORAL DEDEC	TOO CEO
(Title of pa	erson signing)

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