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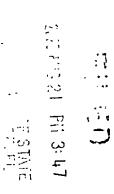
(Re	equestor's Name)		
(A	ddress)		
(A)	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Show time	Cutting & Domolition Inc.
DOCUMENT NUMBER: $\underline{\mathcal{V}190000}$	37294
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this mate	ter to the following:
	Name of Contact Person
<u>Showtime</u> Ci	Hung & Demolition Inc. Firm Company
420 F Lansdown	Address Address
Orange	City/ State and Zip Code
SWWHIME CC E-mail address: (to be use	ed for luture should report notification)
For further information concerning this matter, please	e call:
Scottowens	at (38 to) 479 · 849 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee
Mailing Address Amendment Section	Street Address Amendment Section
Division of Companions	Division of Companions

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Showtime Cu	utting & Der	colition income	T PH 3: 47
(Name of Corporation	on as currently filed with	the Florida Dept. of State)	OT CTATE
P190000	387794	(6)	<u></u>
(Docum	nent Number of Corporatio	n (if known)	
tursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	i Statutes, this <i>Florida Pro</i>	fit Corporation adopts the fo	llowing amendment(s)
. If amending name, enter the new name of the co	rporation:		
ame must be distinguishable and contain the world "co Inc.," or Co.," or the designation "Corp," "Inc," chartered," "professional association," or the abbre	" or "Co". A profession	or "incorporated" or the abbrial corporation name must	The new eviation "Corp.," contain the word
3. Enter new principal office address, if applicable 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></u>		
	<u></u>		
. If amending the registered agent and/or register		ida, enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	, , , , , , , , , , , , , , , , ,	(Zip Code)
ew Registered Agent's Signature, if changing Reghereby accept the appointment as registered agent.		ept the obligations of the pos	ition.
Sione	ature of New Registered Ag	pent if changing	
Signe	mare of them Vedimeren Wa	cm, ij inunging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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:

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
······································	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

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 date will document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	
(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 date will document's effective date on the Department of State's records.	
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	not be listed as the
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SCOLL OWENS (Typed or printed name of person signing)	
(Title of person signing)	