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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXCLUSIVE MANAGMENT SERVICES

Account Number : 1202000000095 Phone : (954)646-2358 Fax Number : (954)846-2358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 45

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COR AMND/RESTATE/CORRECT OR O/D RESIGN COPAN SERVICES GROUP INC

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H210001949923

COYER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: COPAN SERVICE	ES GROUP LL	.C	
DOCUMENT NUMBER: P21000010966			
 The enclosed Articles of Amendment and fee are si	ubmitted for fill	ing.	
 Please return all correspondence concerning this ma	atter to the follo	wing.	
ESTEBAN ADDEN			
	Name of C	ontact Person	1
ONE FORCE WORKERS O	COMP		
	Firm/ (Company	
235 COMMERCIAL BLVD) 		
LAUDERDALE BY THE S		dr e ss	
	<u> </u>	and Zip Code	
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esteban.japi@gmail.com E-mail address: (to be u	sed for future a	nnual report	notification)
 For further information concerning this matter, plea 	ase call:		
ESTEBAN ADDEN	at i	,954	451-7208
Name of Contact Person			de & Daytime Telephone Number
 Bullosed is a check for the following amount made	payable to the	Florida Depa	irtment of State:
S35 Filing Fee & Certificate of Status	□\$43.75 Fi Certified ((Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

H210001948923

COPAN SERVICES GROUP INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000010966	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
COPAN SERVICES AND CARPENTRY INC.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	inpany, " or "incorporated" or the abbreviation "Corp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	(w)
	÷ 32
(Flortda stree	l address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
	SIETEW AGENT, IJ CHUNGING
Check if applicable	

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

Example:

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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	PT	John Doe				
X Remove	Y	Mike Jones				
X Add	SY	Sally Smith				
Type of Action (Check One)	Title	Nanic	<u>Addres</u> s			
]) Change						
Add						
Remove						
2) Change						
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Remove 3) Change						
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6) Change			_			
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Enective date (i applicable:	(no more than 90 days after omendment file d	nte)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirem epartment of State's records.	eents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as action was not required.	lopted by the incorporators, or board of directors without shall	rcholder action and shareholder
The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of votes east for the ufficient for approval.	anvendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voling group)	
05/14/202 Dated	I	
Signature	Albo Reyes	
select	firector, president or 6ther officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	ALBA REYES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	