## P94003459

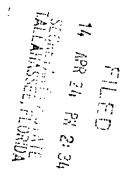
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MAY 01 2014 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SINCE COLD COSTRUCTION, INC
DOCUMENT NUMBER: P9400031459
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
Name of Contact Person
Firm/ Company
Join Scatt Street
Address
Hollymood FL 33020
City/ State and Zip Code
isterhers O. Silver Strates occur
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
C(1) $C(1)$
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$\$\$ Certificate of Status \$\sum \\$\$ Certificate of Status
(Additional copy is Certified Copy
enclosed) (Additional Copy is enclosed)
Mallana Addana

## **Mailing Address**

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

## **Street Address**

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

Articles o	f Amendment to	FILED
(Name of Corporation as currently filed with the ODO SIL	Incorporation of E Plorida Dept. of State)	14 APR 24 PM 2: 34  ALLAMASS)E, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	nis Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," oword "chartered," "professional association," or the abbreviation	r "Co". A professional corporat	
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 a new registered agent and/or the new registered office address.		e of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	. Florida	
(C	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		of the position.
Signature of New Register	ad Agant if abayasing	
Signature of New Register	ги мхеті, і) спапуілу	

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.

vitke Jones, v as Kemove	, ana sai	ay smun, sv as an Ada.	
Example: 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	$\mathcal{D}$	Adelino Agartipho	8004 NW KYTHSTreeT
Add		0 . W	Mani Lakes, Ft
Remove			-330/b'
2) Change	D	Teff Stephens	2010 South Street
Add			Holly Wood Thousand
Remove			56000
3) Change			
Add Remove			
4) Change			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

	NA
	<del></del>
f an amendment provides for an exchange, reclassification, or cancellation of provisions for implementing the amendment if not contained in the amendment.	of issued shares,
(if not applicable, indicate N/A)	ient usen:
	110
	NH

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
. Mo more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4/22/2014	
Signature Signature Aluston	
(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)	
I Vasa Stephens	
(Typed or printed name of person signing)	
treins it	
(Title of person signing)	