FILED 95000024010

| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAII (Business Entity Name) (Document Number) Certified Copies Certificates of Status | BILL OF STATE | (Req | uestor's Name |) |
|---|---------------|-------|-----------------|--------------|
| (City/State/Zip/Phone #) PICK-UP WAIT MAII (Business Entity Name) (Document Number) | <u> </u> | (Add | ress) . | |
| PICK-UP WAIT MAIN (Business Entity Name) (Document Number) | | (Add | ress) | |
| (Business Entity Name) (Document Number) | | (City | /State/Zip/Phor | ne #) |
| (Document Number) | PICK-L | JΡ | ☐ WAIT | MAII |
| •• | | (Busi | iness Entity Na | ime) |
| | | (Doc | ument Number | ·) |
| | | | Certificate | es of Status |
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Office Use Only



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DEFANCION OF CORPUNATION TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Copportion | |
|--|--|
| DOCUMENT NUMBER: P95 9000 | 24010 |
| The enclosed Articles of Amendment and fee are sul | bmitted for filing. |
| Please return all correspondence concerning this ma | tter to the following: |
| Kenneth w. D. | f Contact Person |
| Fin | m/ Company |
| 105 Provo Place | Address |
| <u>Crawfordville</u> City/St | FL. 32327 ate and Zip Code |
| Kenneth wday's at he E-mail address: (to be used for | uture annual report notification) |
| For further information concerning this matter, pleas | se call: |
| Kennelhw Daub Name of Contact Person | at (850) 933-9184 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment

| Articles of Incorporation | |
|--|--|
| of | 14 SUM |
| Copporhead Construction Incorporation as currently filed with the Florida Dept. of Sta | ated AHAGAN MA. |
| (Name of Corporation as currently filed with the Florida Dept. of Sta | te) Strong Stron |
| P95 0000 240 10 | |
| (Document Number of Corporation (if known) | |

| Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation: | ites, this Florida Profit Corporation adopts the following |
|---|--|
| A. If amending name, enter the new name of the corporation Lew Davis with All Americans Roomane must be distinguishable and contain the word "corporation "Corporation" or Co.," or the designation "Coname must contain the word "chartered," "professional association to the contain the word "chartered," "professional association "Corporation" or Co.," | Fing INCOrporated The new poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 105 Provo Place |
| | Crawfordville FL 32327 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O.Box 783 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | |
| Name of New Registered Agent: | |
| New Registered Office Address: (Flor | rida street address) |
| (City) | , Florida) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Alberta accept the appointment as registered agent. I am fam. | |
| Signature of Nev | v 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|----------------|
| Treasure | John & Trumbull | 37 Franciss fanacea FL 32344 | Add Remove |
| Treasure | Christopher EAST | 829 Rehwinkel Rd. Cranfordulle FC 32327 | Add Remove |
| Vice Presi | disteren Trumbull | 829 Rewinkel Rd Crawfordulle FL 32327 | Add Remove |
| | ng or adding additional Articles, enter citional sheets, if necessary). (Be specific | | |
| | | | |
| | | | |
| | | | |
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| provision | ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A) | | |
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| • | • | | |

| The date of each amendment(s) adoption: 3-10-11 | |
|--|----|
| (date of adoption is required) | |
| Effective date if applicable: 3-V-11 (no more than 90 days after amendment file date) | |
| (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s): | nl |
| "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 shareholde action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | r |
| 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) | |
| Tennellh wayne Davis (Typed or printed name of person signing) | |
| President (Title of person signing) | |