## P96000018193

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COLLINS MFG.,	INC.	
DOCUMENT NUMB	P96000018193		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	ЛМ WHITTAKER		
-	COLLINS MFG., INC.	Name of Contact Person	1
-		Firm/ Company	
	672 JOHNS ROAD	( iiii Company	
-		Address	
	APOPKA, FL 32703		
		City/ State and Zip Cod	e
jimw@	Ocollinsmanufacturing.com	/	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JIM WHITTAKER		407	889-9669 EXT 101
Name o	f Contact Person	Area Co	) de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation

COLLINS MFG., INC.			
(Name (	f Corporation as currently file	d with the Florida Dept. o	f State)
P96000018193			
<u> </u>	(Document Number of Cor	poration (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	ida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )		2
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			FILE PH 3: 49 FAILAHASSEE, FL
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address i v registered office address:	n Florida, enter the name	144
Name of New Registered Agent	JIM WHITTAKER		
induce of the string state	451 LONGMEADOW LN.		
	(Florida street ac	(dress)	·
New Registered Office Address:	I.ONGWOOD	, F	32779 Florida
	:City		(Zip Code)

Signature of New 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 = 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	COLLINS, W. JOHN	2405 ASHINGTON PARK DR.
Add			APOPKA, FL 32703
X Remove			<del></del>
2) Change	CEO	COLLINS, TINA	2705 ASHINGTON PARK DR.
X Add			APOPKA, FL 32703
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del> .		
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	<del></del>	
fan amandmant mavidag for an orah	ange, reclassification, or cancellation of issue	d abovo
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amendment its	elf:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
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 coursepointed fiduciary by that fiduciary)	
JIM WHITTAKER	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	<del></del>