P98000042679

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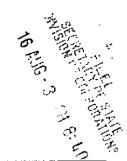
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COVER LETTER

16 1116 - 3 3.4 8: 39 TO: Amendment Section Division of Corporations NAME OF CORPORATION: Scandinavian Boiler Repair, Inc. P98000042679 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erwin T Kristoffersen Name of Contact Person Scandinavian Boiler Repair Inc. Firm/ Company 4141 SW 47 Ave Address Davie, Florida 33314 City/ State and Zip Code erwin@sbs-us.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erwin T Kristoffersen Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Scandinavian Boiler Repair, Inc.

(<u>Name</u>	of Corporation as current	ly filed with the Florida	Dept. of State)
P98000042679			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional cor	
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the new			name of the
	Erwin T Kristoffersen	<u>31.</u>	
Name of New Registered Agent	4141 SW 47 Ave		
		reet address)	
New Registered Office Address:	Davie	. • • • • • • • • • • • • • • • • • • •	, Florida 33314
		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	ti with and accept the obligation	tions of the position.
	Signature of New 1	R é gistered Agent, if changi	ng

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 <math>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>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	PD	Jan R Givskov	1010 Seminole Drive			
Add			#1707			
X Remove			Fort Lauderdale, FL. 33304			
2) Change	PD	Erwin T Kristoffersen	4141 SW 47 Ave.			
X Add			Davie, FL. 33314			
Remove						
3) Change		_				
Add			***			
Remove						
4) Change	<u></u>	_				
Add						
Remove						
5) Change	**************************************					
Add						
Remove						
6) Change						
Add		•				
Remove						

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provisions fo	r implementing	the amendm	e, reclassification	n, or cancellatio	n of issued shares, dment itself:	

	August 1, 2016	
The date of each amendment(s)	adoption:	_, if other than th
date this document was signed.	d.	
Effective date if applicable:	// A	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
August 1 Dated Signature	, 2016 ////////////////////////////////////	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Erwin T Kristoffersen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	