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JUL 0 5 2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Five Star Drafting, Inc.  DOCUMENT NUMBER: P9900007572
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  Five Star Drafting, Inc.  Firm/ Company  (009 S = 22 Terr  Address  CAPE Draf f 1 33990  City/ State and Zip Code  Firmal address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William R Ford at (239) 229-58404  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 Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

FIVESTAR Drafting	a. Thc.
(Name of Corporation as currently to	fled with the Florida Dept. of State)
P9900000 7570	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation  ". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	<b>∃</b> ∞ <b>⇒</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED  FI
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
Name of New Registered Agent William R	Ford -
(0095C) (Florida stree	t address)
New Registered Office Address:	Florida 33990 (Zip Code)
	ny) (Esp Couc)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with a significant strength of the significant strength st	h and accept the obligations of the position.

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>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	D	William R Ford	6095E 22Terr CAPECOTAL, F133990
Add			CAPECOral, F133990
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	·-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

Attach additional sh	ling additional Art neets, if necessary).	(Be specific)				
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			·			
f an amendment p provisions for imp (if not applicat	rovides for an exc plementing the amoble, indicate N/A)	hange, reclassif endment if not	ication, or cance contained in the	ellatjon of issued amendment itse	l shares, df:	
					<del></del>	
	· · ·	<del>, , , , , , , , , , , , , , , , , , , </del>	·			
<u> </u>						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 dedocument's effective date on the Department of State's records.	ite will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 29 18	
Signature	
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 cou appointed fiduciary by that fiduciary)	rt
(Typed or printed name of person signing)	
Will R. Al -D	
(Title of person signing)	