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| Certified Copies        | Certificates      | of Status |
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| Special Instructions to | Filing Officer:   |           |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| NAME OF CORPORATION: Gasketeers, Inc.  DOCUMENT NUMBER: V37339  |  |  |  |  |  |  |  |
| DOCUMENT NUMBER:  |  |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |  |  |
| Blair Powell  |  |  |  |  |  |  |  |
| Name of Contact Person  |  |  |  |  |  |  |  |
| ETASKeteens, Inc  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| -8 Bux 350757   |  |  |  |  |  |  |  |
| Address   |  |  |  |  |  |  |  |
| JAX FL 32235  |  |  |  |  |  |  |  |
| City/ State and Zip Code  |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |  |  |
| Blair Powell at (904) 645-0480  |  |  |  |  |  |  |  |
| 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:   |  |  |  |  |  |  |  |
| S\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |  |  |
| Mailing Address Street Address  |  |  |  |  |  |  |  |
| Amendment Section Amendment Section Division of Corporations Division of Corporations   |  |  |  |  |  |  |  |
| P.O. Box 6327 Clifton Building  |  |  |  |  |  |  |  |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

Eput dut 13

| Gasketeers   | 5. Inc.                             |                               | <i>O</i>                                      |             |
|--|-------------------------------------|-------------------------------|---|-------------|
| (Name of Corporation as currently filed wi   | th the Florida Dept. of Sta         | ite)                          | <del>draw - draid (d. 1900)</del>             |             |
| (Document Number of Corpo  | ration (if known)                   |                               |   |             |
| Pursuant to the provisions of section 607.1006, Florida Statu its Articles of Incorporation:   | tes, this <i>Florida Profit Cor</i> | poration adop                 | ots the following amen                        | dment(s) to |
| A. If amending name, enter the new name of the corpora   | tion:                               |                               |   |             |
|  | NIA                                 |                               | The   |             |
| name must be distinguishable and contain the word "con"<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbrev | c," or "Co". A professior           | r "incorpora<br>nal corporati | nted" or the abbrevia<br>on name must contain | the 🖖 📆     |
| TD - 175 - 4   | ]                                   | V/A                           | <b>من</b>                                     |             |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>  |                                     |                               | William Control                               |             |
|  | · ·                                 |                               | - 是   | 五.          |
|  |                                     |                               | 表記 72   |             |
|  |                                     |                               |   | . 6         |
| C. Enter new mailing address, if applicable:   | ,                                   | 1/4                           |   | į O         |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |                                     | <del>'/'`</del>               |   | <u>.</u>    |
|  |                                     |                               | <b>6</b> m                                    | 9           |
|  |                                     |                               |   |             |
|  |                                     |                               | <del></del>                                   | **          |
| D. If amending the registered agent and/or registered off  |                                     | ter the name                  | of the  |             |
| new registered agent and/or the new registered office  | address:                            |                               |   |             |
| Name of New Registered Agent   | N/A                                 |                               |   |             |
|  | /                                   |                               |   |             |
| (F   | lorida street address)              |                               |   |             |
| New Registered Office Address:   |                                     | . Florida                     |   |             |
| New Negisterea Office Address.   | (City)                              | , 110110a                     | (Zip Code)                                    |             |
|  |                                     |                               |   |             |
|  |                                     |                               |   |             |
| New Registered Agent's Signature, if changing Registere  |                                     |                               |   |             |
| I hereby accept the appointment as registered agent. I am f  | familiar with and accept the        | obligations of                | of the position.                              |             |
|  |                                     |                               |   |             |

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:<br>X Change          | <u>PT</u>                | John Do     | <u>oe</u>                                    |                                       |             |                 |
|-------------------------------|--------------------------|-------------|--|---------------------------------------|-------------|-----------------|
| X Remove                      | $\underline{\mathbf{v}}$ | Mike Jo     | ones   |                                       | A           |                 |
| X Add                         | <u>sv</u>                | Sally Sn    | <u>nith</u>                                  | , ,                                   | / / \       |                 |
| Type of Action<br>(Check One) | <u>Title</u>             |             | <u>Name</u>                                  |                                       |             | <u>Addres</u> s |
| 1)Change                      | <del></del>              | <del></del> | <del>,, ,, , , , , , , , , , , , , , ,</del> |                                       | •           |                 |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |
| 2) Change                     |                          | <del></del> |  |                                       |             |                 |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |
| 3) Change                     |                          |             |  |                                       |             |                 |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |
| 4) Change                     |                          |             |  |                                       |             |                 |
|                               |                          | _           | ·····  | *******                               | <del></del> |                 |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |
| 5) Change                     |                          |             | <del></del>                                  |                                       |             |                 |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |
| 6) Change                     |                          |             |  |                                       |             |                 |
|                               |                          |             |  | · · · · · · · · · · · · · · · · · · · |             | <del>,</del>    |
| Add                           |                          |             |  |                                       |             |                 |
| Remove                        |                          |             |  |                                       |             |                 |

| e 1 | mending or adding additional Articles, enter change(s) here: each additional sheets, if necessary). (Be specific)   |  |
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|     | an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: |  |
| •   | (if not applicable, indicate N/A)   |  |
|     |   |  |
|     | ectassification of ownership:   |  |
|     |   |  |
|     | Russell Fields JR 33.4%   |  |
|     | EUSSELL TELAS OR 37.7 10 )  |  |
|     | MUV 1- TOWELL 53.5% 3 100 10  |  |
| _   |   |  |
|     | DIV E POWEII 33.3% } 100%<br>Turren E. Fields 33.3% }   |  |

| The date of each amendment(s) adoption:  | 1-05-13  |  |  |  |
|--|--|--|--|--|
| Effective date <u>if applicable</u> :  | 2-01-2013  |  |  |  |
|  | (no more than 90 days after amendment file date)   |  |  |  |
| Adoption of Amendment(s)   | CHECK ONE)   |  |  |  |
| $\sqrt{}$  |  |  |  |  |
| by the shareholders was/were sufficient for  | he shareholders. The number of votes cast for the amendment(s) or approval.  |  |  |  |
|  | the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s): |  |  |  |
| "The number of votes cast for the ar   | nendment(s) was/were sufficient for approval   |  |  |  |
| by   | ,,,  |  |  |  |
| (  | voling group)  |  |  |  |
| ☐ The amendment(s) was/were adopted by taction was not required.   | he board of directors without shareholder action and shareholder   |  |  |  |
| ☐ The amendment(s) was/were adopted by action was not required.  | the incorporators without shareholder action and shareholder   |  |  |  |
| Dated  | 73-13  |  |  |  |
| Signature Blair & Powell   |  |  |  |  |
| (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)   |  |  |  |  |
|  | Blair E. Powell  |  |  |  |
| ****   | (Typed or printed name of person signing)  |  |  |  |
|  | Vice President   |  |  |  |
| ***************************************  | (Title of person signing)  |  |  |  |