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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: ALLISON JAMES	, INC.	
DOCUMENT NUMB	ER: P07000055569		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
1	MATTHEW R. CRUMBAU	GH	
-		Name of Contact Person	1
	ALLISON JAMES INC		
-		Firm/ Company	
;	2888 LOKER AVENUE E S	TE 206	
-		Address	
	CARLSBAD, CA 92010		
-		City/ State and Zip Code	e
MCDI	JMBAUGH@AJICORPORA	ATE COM	
WICK	•	sed for future annual report	notification)
	r,-man address, (to be us	seu for future annual report	nottication
For further information	concerning this matter, pleas	se call:	
JILL W. LEMONS		941 at (	875-3585 de & Daytime Telephone Number
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:
\$35 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	rently filed with the F	lorida Dept. of State)	
(Document Numb	per of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this <i>Florida Profit Co</i>	erporation adopts the following amendm	ient(s)
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviati	or "Co". A profession	The new or "incorporated" or the abbreviation on all corporation name must contain the	n
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<del></del>	· <del>-</del> -	
<u> </u>		<u> </u>	-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
o. If amending the registered agent and/or registered office:	address in Florida en	oter the name of the	1.06
new registered agent and/or the new registered office add		tier the name of the	
Name of New Registered Agent		<del>-</del>	
(Floria	la street address)	<del>.</del>	
New Registered Office Address:	(City)	. Florida(Zip Code)	
	(0.13)	(SIP Code)	
ew Registered Agent's Signature, if changing Registered Ageneeby accept the appointment as registered agent. I am famil	zent: iar with and accept the	e obligations 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: 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>	Address
1) Change	S	VICTORIA MUDIE	130 Riviera Dunes Way #502
Add			Palmetto, FL 33321
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<del> </del>
<u> </u>		
	<u></u>	
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<u></u>		<del></del>
		<u> </u>
		· <del></del>

	(s) adoption:, if other than the
The date of each amendment late this document was signed.	s) adoption.
iste tills document was signed.	9/1/2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in a document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
hu	(voting group)
Uy	(voting group)
action was not required.  The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder  re adopted by the incorporators without shareholder action and shareholder
action was not required.	
	2019
Signature _	
( <sup>1</sup>	By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	MATTHEW R. CRUMBAUGH
	(Typed or printed name of person signing)
	PRESIDENT/CEO
	(Title of person signing)