

Office Use Only



100279965441

12/21/15--01015--029 **43.75

FILED

15 DEC 31 MM 6: 14

SECRETARY DE SIAIE

JAN 04 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2015

JOHN CARTER 9455 KOGER BLVD STE 102 ST PETERSBURG, FL 33702

SUBJECT: CARTER LEADERSHIP GROUP, INC.

Ref. Number: P12000094167

We have received your document for CARTER LEADERSHIP GROUP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621. Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering:

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 815A00026804

Rebekah White Regulatory Specialist II

www.sunbiz.org

| TO: | Amendment Section | |
|-----|-------------------------|---|
| | Division of Corporation | s |

Tallahassee, FL 32314

| NAME OF CORPORATION: Carter Lendership Group, Inc. |
|--|
| DOCUMENT NUMBER: 212000094167 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| John Carter Name of Contact Person |
| Name of Contact Person |
| Law Office of John K. Carter Firm/Company 9455 Koser Blvd, Suite 102 |
| Firm/ Company |
| 9455 Koser Blvd, Suite 102 Address |
| Address |
| St. Petersburg, FL 33702 City/ State and Zip Code |
| City/ State and Zip Code |
| john@johnkcarterlaw.com |
| E-mail address: (to be used for future annual report notification) |
| or further information concerning this matter, please call: |
| Tohn Carter at (727) 456-8970 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| inclosed is a check for the following amount made payable to the Florida Department of State: |
| □\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building |

2661 Executive Center Circle

Tallahassee, FL 32301

Fax: +1 (850) 245-6897

Page 4 of 7 12/31/2015 12:03 PM

Articles of Amendment to

Articles of Incorporation of

FILED

15 DEC 31 AM 6: 14

| (Name of Corporation a | s currently filed with th | e Florida Dept. of State) | IAIF |
|--|--|----------------------------------|--------------------|
| Carter Lendership Group, | and the first of the second of | TALLAHASSET FLO | IRIOA |
| (Document | Number of Corporation (| if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation: | tutes, this Florida Profit | Corporation adopts the following | owing amendment(s) |
| A. If amending name, enter the new name of the corpo | ration: | | |
| Law Office of John K | Carter, P. | Α. | The new |
| name must be distinguishable and contain the word "a "Corp.," [Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abbi | Inc," or "Co". A profes | | |
| B. Enter new principal office address, if applicable: | · · · · · · · · · · · · · · · · · · · | | |
| (Principal office address <u>MUST BE A STREET ADDRE</u> | <u>(\$\$</u>) | | . ". |
| | i de la companya de l | * | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | · | | |
| | | | |
| D. If amending the registered agent and/or registered o | ffice address in Florida | enter the name of the | |
| new registered agent and/or the new registered offic | | enter the name of the | |
| Part of the second seco | | | |
| Name of New Registered Agent | | | |
| | | | <u> </u> |
| | Florida street address) | | |
| New Registered Office Address: | | , Florida | |
| | (City) | | Zip Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if changing Register | | t the second second | |
| hereby accept the appointment as registered agent. I am | familiar with and accept | the obligations of the position | on |
| | | | |
| | | | |
| Cionatura | of New Registered Agent | if changing : | |
| Signature | oj item negisieren ageni | , g changing | |
| | | | |

| iddress of each Offic Attach additional shee Please note the officer | ets, if neces. Idirector tit | sary) le by the first letter | r of the office t | | mp ~ | | | GEO. GIV |
|--|---------------------------------|--|-------------------|---------------|---------------------------------------|---|---------------------------------------|--|
| ? = President; V= Vic xecutive Officer; CF(| O = Chief | Financial Officer. | | | | | | |
| eld. President, Treasi hanges should be not change, Mike Jones | ed in the fo leaves the c | ollowing manner. (corporation, Sally 1 | Smith is name | | | | | |
| like Jones; V as Remo xample: | | | Ada. | | | | | |
| X Change | <u>PT</u> | John Doe | | | | | | |
| X Remove | <u>V</u> | Mike Jones | | | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | | | |
| ype of Action Check One) | Title | <u>Name</u> | | | | <u>Addres</u> s | | |
| Change | | · · · · · · · · · · · · · · · · · · · | · · | | | | | , |
| Add | | | | | | | | |
| Remove | | | | | | , , , , , , , , , , , , , , , , , , , | | |
| | | | | Committee and | | | | |
| Change | | - | | | : | , 4 (1) (4 (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | | · · · · · · · · · · · · · · · · · · · |
| Add | | | | | _ | | | |
| Remove | | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ······································ |
| Change | | | | | | | | |
| Add | | | | | | | | |
| Remove | | | | | | | | |
| - Kenrove | | | | | · · · · · | | | |
| Change | | - | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | · · · |
| Add | | | | | | | | |
| Remove | | | | | | , , , , , , , , , , , , , , , , , , , | | |
| | | | | | ***** | *. *. * | | |
| Change | S | | | | • | | • | |

6) Change
Add
Remove

| | | ali a Taja arrayi ya Tira L | er com in exist. | | | | |
|------------------------|--|---|------------------|---------------------------------------|---|---|---------------------------------------|
| | Iding additional Artic sheets, if necessary). | | | | · . · · · · · · · · · · · · · · · · · · | | |
| Attachadanional | sheets, if hecessury). | (De specific) | | | | <u> </u> | |
| Article III is amended | i as follows: | | | | *** : \$ | | |
| | h this corporation is org | ganized: | | * . | | | |
| FOR THE PRACTI | · | | | | | | |
| | | | | | | <u> </u> | |
| | | , · · · · · · · · · · · · · · · · · · · | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · |
| | | | · | | | | |
| | | ·. | | | | · | |
| | | | | | | | |
| | | | | | · | | ······ . · |
| | | | | **. | •. | • | |
| | | | | *** | | | |
| | A Company of the Comp | | | | | | |
| | | | | | | K. S | |
| | | *.; | | | `, | | |
| | | | | , | | | 1 |
| | | | | | | | |
| | | | | | | | |
| | provides for an exchain plementing the amend | | | | | | |
| | ible, indicate N/A) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | · | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | - | - | · · · · · · · · · · · · · · · · · · · |
| | | | · · · | | | | |
| | | <u> </u> | | | | | |
| | | | | | • | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | ,, | |
| | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | |

| From: John Carter The date of exdate this docur | | ent(s) adoption | : Septen | 5c- 7 (850) |) 245-6897 2015 | Page 7 of 7 12/31/2 | 015 12:03 PM if other than the |
|--|-----------------------------------|------------------------------------|---|---------------------|--------------------|---------------------|-----------------------------------|
| Effective date | if applicable | Dece | mper 18, | 2015 | | | |
| | | | (no more tha | ın 90 days after a | mendment file | date) | |
| Note: If the o | late inserted i ective date or | n this block don the Departmen | es not meet the ap nt of State's records | plicable statutory | filing require | ments, this date | will not be listed as the |
| Adoption of A | mendment(s |) | (CHECK ONE) | | | | |
| | | vere adopted by were sufficient | the shareholders. | The number of vo | otes cast for the | amendment(s) | |
| | | | y the shareholders ting group entitled | | | | |
| "The | number of vot | tes cast for the a | imendment(s) was/ | were sufficient for | r approval | | |
| by | | | | | ,n | | |
| | | | (voting group) | | | | |
| ☐ The amends action was r | | ere adopted by | the board of direct | ors without share! | nolder action a | nd shareholder | |
| The amenda action was r | nent(s) was/w ot required. | ere adopted by | the incorporators w | vithout shareholde | er action and sh | nareholder | |
| | David . | December | 18 201 | | | | |
| | Dated | | 18, 2017 | | | | |
| | Signature | | 7 (-6- | | | | |
| | | selected, by an i | president or other of incorporator – if in iary by that fiducia | the hands of a rec | | | |
| | | | John! | K. Carte | | | |
| | | | (Typed or printe | ed name of person | signing) | | |
| | | | Preside | at | | | |
| | | · | | le of person signir | ng) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Page 4 of 4 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 3 | · · · · · · | | | | | |
| | : | | | | | | |

as the