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14 FEB 18 PH 11: 47

SECRETARY OF STATE

Jane Charge

FEB 1 9 2014'
T. CARTER

## **COVER LETTER**

	TION: ANDY  R: P13000  Amendment and fee are su	LOCKHART, 077888 bmitted for filing.	P.A.
•	ndence concerning this mat	•	
	,	Y LockHART  Name of Contact Person	 n
<del></del>	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	1350	ANDVBON	Ko
	4.4	Address	a . — r .
	MAIT	LAND, PC.	32751
	andy/	Address  City/ State and Zip Code  Cockharle  ed for future annual report	fl.rr.com
•	oncerning this matter, pleas	e call:	
ANDY	LOCKHART	at ( 40 T	<u>383 – 1023</u> de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	urtment 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)

TO: Amendment Section

**Division of Corporations** 

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

**Articles of Incorporation** 

FILED	
SECRETARY OF S	TATE
TALLAS! CORE, TI	arida

of	TALLAST CORE, TE ORID.
ANDY LOCKHART, P.A.	
Name of Corporation as currently filed with the Florida Dept. of State)	14 FEB 18 PM II: 47
P13000077888	1

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. If amending name, enter the new name of the		<i>t</i>
ANDREW DAVID Lo name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Covord "chartered," "professional association," or	Corp," "Inc," or "Co". A professional	"incorporated" or the abb corporation name must co
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	4
If amending the registered agent and/or reg new registered agent and/or the new register		the name of the
Name of New Registered Agent	N/A	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		Ur er fell va
hereby accept the appointment as registered age	eni. I am Jamiliar with and accept the ol	oligations of the position.
	NA	

If amending the Officer's 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)	Title	Name	Address
1) Change	<del></del>		
Add		,	
Remove		//.	
2) Change		N/A	
Add			
Remove			
3) Change	<del> </del>	N/A	
Add			
Remove		,	
4) Change		N/A	- Lake
Add		•	
Remove		,	
·5) Change		$\mathcal{N}/\mathcal{A}$	
Add			
Remove		,	
6) Change	·-·	N/A	
Add		<b>.</b>	
Remove			

	ding additional Asheets, if necessary	y). (Be specific)			
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<u>in amenament j</u> rovisions for im	provides for an ex plementing the a	xcnange, reclassi mendment if not	fication, or cancells contained in the an	<u>ition of issued sha</u> iendment itself:	res,
We consulted that I have	able indicate N/A)	)	<del></del>		
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	1/4	
Effective date if applicable:	N(A)	
Effective date if applicable.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	2/12/2014 AMA	
Signature	000000000000000000000000000000000000000	
	rector, president or other officer if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	ANDREW DAVID LOCALHART, SR.	
- -	(Typed or printed name of person signing)	- <del></del> -
_	PRESIDENT	
-	(Title of person signing)	•