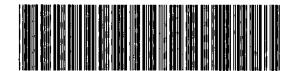
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14 MAR -5 PM 3: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 05 2014 C. CARROTHERS

COVER LETTER

Division of Corporations		
NAME OF CORPORATION: 71 ND A DOCUMENT NUMBER: P13000		1
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
<u>49 s</u>	Reng Name of Contact Perso Serg Law Gr Firm/ Company SW Flagler F Address Stuppet, FL City/ State and Zip Cod CThe Berglaw a used for future annual report	le
E-mail address: (to be	-	notification)
Michael Berg	at (772	, 485-3040
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Status	_	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address
Amendment Section Division of Corporations		Iment Section

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

FILED

14 MAR -5 PM 3: 02

(Name of Corporation as currently filed with	the Florida Dept. of State) SECRETARY OF COLUMN
P13000084253	the Florida Dept. of State) SECRETARY OF STATE JALLAHASSEE, FLORIDA
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	_
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	49 SW Flagler AVE Swite 302 Strait, FL 34994
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	49 SW Flagler Ave Svite 302 Stract Fl 34Gay
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:
Name of New Registered Agent	
(Flori	da street address)
New Registered Office Address:	(City) , Florida (Zip Code)
•	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	
Signature of New Registe	ered 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	PT John D	<u>Ooe</u>	
X Remove	V Mike J	ones .	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One) 1) Change Add Remove	Title D	Brandie M. Tindan	Address 319 NW 4 th AVC OKel Chobee, FL 34972
2) Change Add Remove	D	Robert Peterson	49 SW Flagler AVE Ste 302 Stuart, FL 34994
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additi Attach additional sheets, if ned	cessary). (Be specif	îc)		
	1 2			
	· · · · · · · · · · · · · · · · · · ·			
	 			
				
—-	 			
if an amendment provides fo provisions for implementing (if not applicable, indicat	r an exchange, recla the amendment if n	ssification, or canc ot contained in the	ellation of issued sha amendment itself:	res,
	· · · · · · · · · · · · · · · · · · ·			
		 		

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	3/3/14	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient 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	for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_ 2/2	6/14	
Signature	2/3	
(By a di	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)	
арропп		
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	Director	
	(Title of person signing)	

SECRETARY OF STATE