## P160000 22371

(Re	questor's Name)	
	<u>.                                    </u>	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Canadal Instructions to	Eller Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: <u>&amp; EST</u> ber: <u>P 160000</u>	FLORIDAK 122371	ITCHENAUD BATHINC
The enclosed Articles	of Amendment and fee are su	binitied for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	<u>DaESTES</u>	BERNAL Name of Contact Person	n
		Firm/ Company	
	412 W W/	IFR AUE	
	TAMPA	FLORIDA City/State and Zin Cod	33604
и	1551 FCORI	OA KBQ (sed for future annual report	MAIL.COM
For further informatic	on concerning this matter, pleas	se call;	
ONESTES Name	BER MAL of Contact Person	at ( <u></u> 6) / 3 Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

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WEST FLOR, 17A 1	TCHE	V AKD	BATH	11	ر	
(Name of Corpor.	ation as currently	filed with the Florid	da Dept. of State)			
WEST FLON, 174 10 (Name of Corpor P16000022371	,					
(Doc	ument Number of 0	Corporation (if know	n)			
Pursuant to the provisions of section 607,1006. Flor its Articles of Incorporation:	ida Statutes, this <i>F</i>	lorida Profit Corpor	ation adopts the fo	Howing	amend	ment(s)
A. If amending name, enter the new name of the	corporation:					
WEST FLORIDA COM	ISTAUC	110× 11	rc		Tho e	wite:
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t  B. Enter new principal office address, if applica	rp," "Inc," or "C he abbreviation "P	o". A professional	incorporated" or corporation name	the abl must co	reviati mtain i	on the
(Principal office address MUST BE A STREET A						_
			<u> </u>		;:2 :::,	-
				<del>`</del> -	237	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	$ROY_1$				 	
manning data cs. Mar May 11 (A) 1 (A	202.37			·	731 <u>4</u>	- :
					===	- []
				<del></del>	_ <u>6-3-</u>	_
D. If amending the registered agent and/or registered agent and/or the new registered.		ss in Florida, enter	the name of the	·•	<u></u> .	
Name of New Registered Agent						
<del></del>	(Florida stree	rt address)				
New Registered Office Address:			, Florida			_
<del>.</del>	(¢	City)		(Zip Ce	ide)	_
New Registered Agent's Signature, if changing B	egistered Agent:					
I hereby accept the appointment as registered agen		ith and accept the ob-	ligations of the pos	ition.		
Se	gnature of New Re	gistered Agent, if cha	ınging			

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	$\underline{V}$	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N-11-0-1
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and an analysis of the angellation of itself:
(if not applicable, indicate N/A)	
<u> </u>	
	·

The date of each amendment(s) adoption: 5/8/20/8	_, if other than the
date this document was signed.  Effective date if applicable: 5/8/20/8	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5/8/2018	
Signature	_
(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)	
ONESTES BERYAL	<del></del>
(Typed or printed name of person signing)	
OWNER PT	<del></del>
(Title of person signing)	