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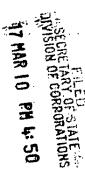
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ΓΙΟΝ: Crystal Vann Cor	poration		
DOCUMENT NUMBER		· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee are su	abmitted for fili	ng.	
Please return all correspon	ndence concerning this ma	uter to the follo	wing:	
Cr	ystal Vann			
		Name of Co	ontact Person	1
Cr	ystal Vann Corporation			
		Firm/ C	Company	
78:	5 WOODSIDE RD,			
		Ad	dress	
MA	AITLAND, FL 32751			
		City/ State a	ınd Zip Code	
crystalva	nn03@yahoo.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information co	ncerning this matter, pleas	se call:		
Crystal Vann		at (305	de & Daytime Telephone Number
Name of C	ontact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the l	Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Сору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenda Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** , of

(Name of Corporation as currently filed with the Florida Dept. of State)

Crystal Vann Corporation

P16000099036

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Document Number of	Corporation (if known)	*.5
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendmen
A. If amending name, enter the new name of the corporation:		
Crystal Vann, P.A.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name n	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		

Name of New Registered Agent (Florida street address)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

, Florida New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

I hereby accept the appointment as registered agent. I am familiar with and accept the 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		Name of the state	
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Afficile IX the specific purpose for Crustal Vann PA is to engagin activities of the Real Estate profession.
in activities of the Real estate motorion.
IN CICITATION OF THE POUR BOTH POUR TOUR
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) ad date this document was signed.	loption:,	if other than the
•	. •	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b' document's effective date on the Dep	clock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were suf	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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 i	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 ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 22	4/17	
Signature \(\)	MUU .	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Crystal Vann	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	