

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-9107 Phone Fax Number : (561)694-1639

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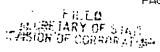
COR AMND/RESTATE/CORRECT OR O/D RESIGN TAYLOR H. FRITZ, INC.

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Help



Articles of Amendment to Articles of Incorporation

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| TAYLOR H, FREIZ, INC. | |
|--|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) |
| P17000002526 | |
| (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporati "Corp." "Inc.," or Co.," or the designation "Corp." "Inc." or word "chartered." "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office add | |
| new registered agent and/or the new registered office addre- | <u>\$5.</u> |
| Name of New Registered Agent | |
| | |
| (Fiorida s | treet address) |
| New Registered Office Address: | Florida |
| | (City) (21p Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | st: - with and accept the obligations of the position. |
| The any accept the approximation as registered by age in the analysis are | and the same state of the same |
| | |
| | |
| Signature of Nov | Registered Admit if changing |

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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 = Chairmon 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 hold. 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.

| X Change | <u>PT</u> | John Doc | |
|----------------------------|-----------|---------------|---------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Address</u> |
| 1) Change | VΡ | KATHY M FRITZ | 5327 PRIMROSE LAKE CIRCLE |
| | | | TAMPA, FL 33647 |
| X Remove | | | |
| 2) Change | VP | Raquel Fritz | 5327 PRIMROSE LAKE CIRCLE |
| X Add | | | TAMPA, FL 33647 |
| Remove | | | |
| 3)Change | | | |
| | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| ∧dd | | | |
| Remove | | | |
| | | | |
| δ) Change | | | |
| Add | | | |
| Remove | | | |

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| . If amending or | adding additional Articles, enter change(s) here: ad sheets, if necessary). (Be specific) |
|------------------|---|
| (Attach adamon | al sneets, ti necessary). (be specific) |
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| lfor emendens | ent provides for an exchange, reclassification, or cancellation of issued shares. |
| provisions for | implementing the amendment if not contained in the amendment itself: |
| (if not app | olicable, indicate N/A) |
| | |
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| The date of each amendment(s) | adoption: | , if other than the |
|---|---|---------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 dovs after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date department of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. | |
| ☐ The amendment(s) was/were a must be separately provided for | pproved by the shareholders through voting groups. The following statement or each voting group enaitled to vote separately on the amandment(s): | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | <u> </u> | |
| | (voting group) | |
| The amendment(s) was/were a action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| 08-14-18 | | |
| Dated Signature | of Hotel | |
| (By a selec | director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | · |
| | Taylor H Fritz | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |