

P12 000099 324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

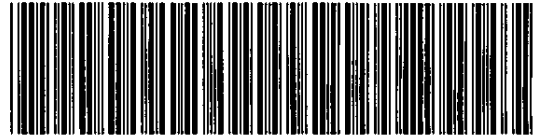
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/17/14--01026--005 **43.75

FILED
14 SEP 17 PM 1:30
SECURITY STATE
TALLAHASSEE FLORIDA

CRM
9/25/14

Via UPS Express

September 11, 2014

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
14 SEP 17 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Re: Amendment to the Articles of Incorporation and Letter of Consent for Use of Similar Name
Document Number P12000099324
CIP PEO IV, Inc.

Dear Sir or Madam,

Enclosed please find an Articles of Amendment to the Articles of Incorporation of CIP PEO IV, Inc. changing the corporate name to CoAdvantage Resources 43, Inc.

Included is a check in the amount of \$43.75 for the filing fee and Certified Copy.

Please let this letter serve as consent for use of similar name for the attached list of related entities.

Should you have questions or need additional information, please feel free to contact Darlene Lemke at (407) 447-1895 or email dlemke@coadvantage.com.

Kind Regards,



Jeffrey J. Sjobeck
Secretary/Treasurer/CFO

Articles of Amendment
to
Articles of Incorporation
of

CIP PEO IV, Inc.

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

P12000099324

(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 its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CoAdvantage Resources 43, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

3350 Buschwood Park Dr

Suite 200

Tampa, FL 33618

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

135 W Central Blvd

Suite 600

Orlando, FL 32801

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

Name of New Registered Agent _____

(Florida street address)

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

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

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

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TALLAHASSEE, FLORIDA

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 Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change
☐ Add
☐ Remove

- 2) ☐ Change
☐ Add
☐ Remove

- 3) ☐ Change
☐ Add
☐ Remove

- 4) ☐ Change
☐ Add
☐ Remove

- 5) ☐ Change
☐ Add
☐ Remove

- 6) ☐ Change
☐ Add
☐ Remove

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 TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary). (Be specific)

SEP 17 PM 1:30
STATE
OFFICE
FLORIDA

(if not applicable, indicate N/A)

[illegible]

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SECURITY STATE
ITALIA ASST
-1 OHIO

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 9/11/14

Signature [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)

Jeffrey J. Sjobeck

(Typed or printed name of person signing)

Secretary/Treasurer/CFO

(Title of person signing)

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14 SEP 17 PM 1:30
STATE
TOLAHASSEE 10910A

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIP PEO IV, Inc.

DOCUMENT NUMBER: P12000099324

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene Lemke

Name of Contact Person

CoAdvantage

Firm/ Company

135 W Central Blvd - Suite 600

Address

Orlando, FL 32801

City/ State and Zip Code

dlemke@coadvantage.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Lemke

Name of Contact Person

at (407) 447-1895

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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