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## COVER LETTER

TO: Amendment Section Division of Corporations

	57=1-	S	) <sub>A</sub>
NAME OF CORPORA	9 1800	1 20 1 2 2 C	P. A.,
The enclosed Articles of	Amendment and fee are su	omitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Ste	antial st	.1
		Name of Contact Perso	n
	St	, , , , , , , , , , , , , , , , , , ,	ſ. Ŋ.
		Firm/ Company	1.14.
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	$\omega$	ELLINGTON	EL 33411
		City/ State and Zip Cod	e
	STEVE	33. 0	T() = 0
	E-mail address: (to be us	sed for future annual report	T(Coup. von
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For further information e	oncerning this matter, pleas	se call:	
5+	<	_	2.4
7 14.76	UN CZMIN	at ( S V)	de & Daytime Telephone Number
Name of	Contact reison	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	ortment 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)
	g Address		Address
	lment Section	Amendment Section	
	on of Corporations ox 6327		on of Corporations i Building
	P.O. Box 6327 Taflahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)
STEVE SALZA	000 6 10	PISOCCISOS
(Document Number	of Corporation (if known)	1.0000
rsuant to the provisions of section 607,1006, Florida Statutes, thi Articles of Incorporation:	s Florida Profit Corporation w	dopts the following amendment(
If amending name, enter the new name of the corporation:		
ne must be distinguishable and contain the word "corporate	ras P.D.	The new
me must be distinguishable and contain the word "corporati lorp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or rd "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation ation name must contain the
Enter new principal office address, if applicable:		——————————————————————————————————————
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	SAME	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SNINE	7
	-	2
		<u></u>
If amending the registered agent and/or registered office ad-	dress in Florida, enter the nar	ne of the
new registered agent and/or the new registered office addre	<u>ss:</u>	
Name of New Registered Agent Short		
(Florida s	treet address)	<del></del>
New Danietarul Office Address		Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Office Address:		, Flotida(Zip Code)
ew Registered Agent's Signature, if changing Registered Ager		
ereby accept the appointment as registered agent. I am familian	with and accept the obligation	is of the position.
Nionature 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: XChange	<u>PT</u>	John J koc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			<del></del>
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
	<del> </del>	
	<del> </del>	
	<del></del>	
		<del></del>
		<del> </del>
If an amendment provides for an exch	ando moducification de eq	neallytian of icened shares
provisions for implementing the ame	dment if not contained in t	the amendment itself:
(if not applicable, indicate N/A)		
<del> </del>		
	<del></del>	

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 day)	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	per of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through v must be separately provided for each voting group entitled to vote so	
"The number of votes east for the amendment(s) was/were suff	icient for approval
hy(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors witho action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shaction was not required.	archolder action and shareholder
Dated	
Signature (By a director, president or other officer - i	
(By a director, president or other officer - i	f directors or officers have not been
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	is of a receiver, trustee, or other court
Stephen Sa	lama C
(Typed or printed name	of person signing)
laring	
(Title of pers	son signing)