(Req	uestor's Name)	
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		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only

R. WHITE JUN 2 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: 555961

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

Please return all correspondence concerning this matter to the following:

Barbara Humphrey

Name of Contact Person

Law Office of Robert A. Heekin

Firm/ Company

E Sleiman Parkway, Suite 280

Address

Jacksonville

City/ State and Zip Code

tjohnson@sleiman.com

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

For further information concerning this matter, please call:

Barbara Humphrey	904 at (636-9777 Ex 2
Name of Contact Person	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 S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of I	Amendment to ncorporation of	FILED 19 JUN 27 AH 9: 18
CO?	IMERCIAL BROKERS	DF AMERICA, I	NG
(<u>Name</u>		ntly filed with the	e Florida Dept, of State)
	555961		
	(Document Number	of Corporation (i	if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit	Corporation adopts the following amendment(
 If amending name, enter the new name 	ame of the corporation:		
N/A		_,	7henew
	ation "Corp." "Inc." or	"Co" A profes	," or "incorporated" or the abbreviation ssional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A	
 If amending the registered agent an new registered agent and/or the new 			, enter the name of the
Name of New Registered Agent	Rockford Staten		
<u></u>	ESleiman Parkway, Sui	e 270	
	(Florida :	street address)	
<u>New Registered Office Address</u> :	Jacksonville		Florida
		(City)	(Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *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)

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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 <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) V Michael W. Herzberg 1 Sleiman Parkway, Suite 270 1) ____ Change Jacksonville, Florida 32216 X 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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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach *additional sheets, if necessary), (Be specific)*

N/A

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)

.....

N/A

date this document was signed.	
	N/A
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
	is block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	adopted by the sharcholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voling group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
June 4	76 2018
Dated	25 2018
Signature	
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	JOSEPH E. SLEIMAN
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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