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MINISTER REA

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## **COVER LETTER**

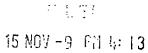
TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: THE SHIRCLIFF	GROUP INC	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
1	LINDA FRANKLIN		
-		Name of Contact Persor	1
-		Firm/ Company	
•	6277 DUPONT STATION C	COURT EAST, SUITE 2	
<del>-</del>		Address	
]	IACKSONVILLE, FL 32217	7	
<del></del>		City/ State and Zip Code	
LLFTS	G@BELLSOUTH.NET		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LAURA FRANKLIN		at (	396-7716
Name of	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Division	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



THE SHIRCLIFF GROUP, INC.

28593	
· · · · · · · · · · · · · · · · · · ·	transfer the thing of the thorse
(Document Nu	umber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporat	lion:
RANKLIN & FRANKLIN CONSULTING GROUP, INC.	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office a new registered agent and/or the new registered of fice a	ice address in Florida, enter the name of the address:
Name of New Registered Agent	
(Fic	orida street address)
,	, Florida
New Registered Office Address: _	, i Torrua

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.

X Change	<u>PT</u>	John Doe	2	
X Remove	<u>v</u>	Mike Jon	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change			N/A	
Add				
Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change	<del> </del>	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove			•	
6) Change				
Add		<del></del>		
Remove				

E. If amending or adding additional Articles, enter change(s) here: (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	
	_
	_
	_
	_

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days 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 partment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
11/4/201	5	
Dated	<i>(</i>	
Signature 2	To For No	
	director, president or other officer – if directors or officers have not been	<del></del>
select	ed, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
appoi	nted fiduciary by that fiduciary)	
	Linda Franklin	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	