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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	-
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

'TO: Amendment Section Division of Corporations DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angela Corrente
(Name of Contact Person) Oxford Towers Inc Ocean Drive Wood, FL 33019
(City/State and Zin Code) For further information concerning this matter, please call: Name of Contact Person)

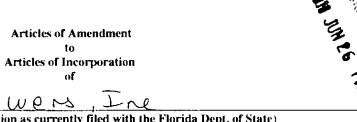
(Name of Contact Person)

(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Cheal # 219 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy For \$1410 (Additional Copy is enclosed) 435x 4 Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to



Orland Towns.

nt(s) to

<u> </u>	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
71	8 503
(Document	Number of Corporation (if known)
(Isseamen	Tallios of exporation (it allowly)
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpor	ration:
NA	The new corporation," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	same as before
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent Sa	me as before
	(Florida street address)
New Registered Office Address:	(City) , Florida(City)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	No charge:
C:	a of Nam Danistanad Abant if abanaina

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)

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 X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Ū	Rembento Santos	Hallywood, FL 33019
2) Change Add Remove	0_	Pat Tortorici	Hellywood, FL 33019
3) Change Add Remove	<u>n</u>	Barbara Feit	1501 S.Ocenn Drive, 503 Hellywood, Rc 33019
4) Change Add Remove	<u>D</u> _	Manianne Younnou	1501 S. Ocean Orize, 1500 Wallywood, FL 33019
5) Change Add Remove			
6) Change Add Remove			

	sheets, if necessary). (Be specific)
<u></u>	charge:
· 	
an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
rovisions for in	aplementing the amendment if not contained in the amendment itself:
(if not applic	able, indicate N/A)
	no change
	
	.

The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date <u>if applicable</u> :	ale)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follomust be separately provided for each voting group entitled to vote separately on the amendation.	
"The number of votes east 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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated 5000 18, 2018	
Signature	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	ste
(Typed of printed findle of person signing)	
Yres:dent	
(Title of person signing)	