207000000008

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to		
Dec.	of Ta	ust,
A	inenda	nent

Office Use Only



800274274448

800274274448 07/01/15--01011--020 **35.00

DIVISION OF CORFORATIONS

15 JUL - 1 AM 11: 02

JUL 9 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Dwyer F	Family Management Trust		
DOCUMENT NUMBER: D07000000008			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Nancy L. Dwyer			
	Name of Contact Perso	n	
The Dwyer Family Mar	nagement Trust		
	Firm/ Company		
13500 Powers Court, S	• •		
	Address		
Fort Myers, FL 33912			
	City/ State and Zip Cod	e	
theresa.montero@interoptech	nologies.com		
· ·	be used for future annual report	notification)	
	•	·	
For further information concerning this matter,	, please call:		
Nancy L. Dwyer	at (²³⁹	425-2585	
Name of Contact Person	Area Co	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount r	nade payable to the Florida Depa	artment of State;	
\$35 Filing Fee	ce & D\$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	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Dec of Trust Amendment

Articles of Amendment to Articles of Incorporation of FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Dwyer Family Management Trust

15 JUL - 1 AM 11:02

(Name of Corporat	ion as currently filed with the Florida Dept. of State)
D07000000008	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox</u>)
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office address in Florida, enter the name of the loffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TR	CHRISTOPHER B. DWYER	13500 POWERS CT., SUITE 200
Add			FORT MYERS, FL 33912
X Remove			
2) Change	TR	CAVAN M. DWYER	13500 POWERS CT., SUITE 200
Add			FORT MYERS, FL 33912
X Remove			
3) Change	TR	MARY D. ZITNIK	. 13500 POWERS CT., SUITE 200
Add			FORT MYERS, FL 33912
X Remove			
4) Change	TR	MEAVE A. DWYER	13500 POWERS CT., SUITE 200
Add			FORT MYERS, FL 33912
X Remove			
5) Change		SEE ATTACHED	
X Add			
Remove			
Kemove			
6) Change			·
Add			
Remove			

The Dwyer Family Management Trust

13500 Powers Court, Suite 200 Fort Myers, FL 33912

June 26, 2015

Division of Corporations Attn: Amendment Section P.O. Box 6327 Tallahassee, FL 32314

Re:

The Dwyer Family Management Trust Document Number: D07000000008

To Whom It May Concern:

Please update the records for the above mentioned entity to delete Trustees, Christopher B. Dwyer, Cavan M. Dwyer, Mary D. Zitnik and Meave A. Dwyer. Please add the following trustees:

Brian P. Dooley 13500 Powers Court, Suite 200 Fort Myers, FL 33912

Lucretia A. Silcox 13500 Powers Court, Suite 200 Fort Myers, FL 33912 Bridget G. Crowley 13500 Powers Court, Suite 200 Fort Myers, FL 33912

Marcienne I. Dwyer 13500 Powers Court, Suite 200 Fort Myers, FL 33912

Enclosed is our check for \$35.00 for the filing fee to complete this change.

If you have any questions, please don't hesitate to contact the undersigned at 239-425-2585.

Thank you,

Nancy L. Dwyer, Trustee

5-20-15

Date

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	· ·
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	·
provisions for implementing the amer (if not applicable, indicate N/A)	·
provisions for implementing the amer (if not applicable, indicate N/A)	

MAY 20, 2015 SECRETARY OF STAIL Other than the DIVISION OF CORPORATIONS The date of each amendment(s) adoption: date this document was signed. MAY 20, 2015 Effective date if applicable: (no more than 90 days after amendment file ARe) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 (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_

- ·

(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)

NANCY L. DWYER

(Typed or printed name of person signing)

TRUSTEE

(Title of person signing)