F40814

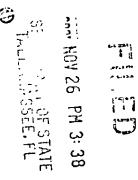
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CCT & ASSOCIATES, INC DOCUMENT NUMBER: <u>F40814</u> The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: cakley Tayler
Name of Contact Person 7 & Associates INC. Buckland Trail
Address tord associates @ amailcom
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

CCT & ASSOCI	ates, TNC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
F40814	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
$A \setminus M$	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of the Abreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Green wood, FL 32443
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 315 Greenwood, FL 32443
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Cockley 4209 Buck (Florida street)	
New Registered Office Address: CSCENWOO	City) (Zip Code) To Constant City Code) To Code Code Code Code Code Code Code Cod
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Circle Juge	
Signature of New Re	raictored 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 = Trustec; 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PSTY	Taylor, C. Chadwick	4209 BucklandTr. Greenwood FL 32473
Add			Greenwood HL 32473
_X Remove			
2) Change	PTD	Toylor, Coakley	4209 Buckland Truil Greenwood FL 3243
	<u>VSD</u>	Taylor, Frances Harris	
Remove 4) Change Add Remove		<u></u>	100 26
5) Change Add Remove			PH 3: 38 OF STATE SSEE, FL
6) Change Add Remove			

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) frient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated//		
Signature (2)	alely, Text	
(By a di selected	ector president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	2 3 1
	President Treasurer Direct	
	(Title of person signing) တင် တင်	
	17 17 17 17 17 17 17 17 17 17 17 17 17 1	3: 3: 3: 3: