GU5577

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER -

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Robert P. Adry und PA
DOCUMENT NUMBER:	2011-1
The enclosed Articles of Amenda	ent and fee are submitted for filing.
Please return all correspondence of	oncerning this matter to the following:
Du.	Name of Contact Person
Rob	Firm/ Company
	Fiv. t Ct. S Address
	City/ State and Zip Code Acy vmd & AOL.com ress: (to be used for future annual report notification)
For further information concerning	-
	ng amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Fili Certificate	
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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	R. Along ently filed with the Florida	Dept. of State)	
(Ivalie of Got poration as curre	mod (care 1 10 tour	,	
(Document Num	ber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Flor</i>	rida Profit Corporation ado	pts the following
A. If amending name, enter the new name of	the corporation:		
			_The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,'	or "Co". A professional c	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)			_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			_
· · · · · · · · · · · · · · · · · · ·			_
			- - ± ₽√,
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name of t	he OCT
	nereu office address.		OF C
Name of New Registered Agent:			₹ 889
New Registered Office Address:	(Florida street add	dress)	RY OF STATE CORPORATION
		, Florida	Z
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:		
I hereby accept the appointment as registered as		l accept the obligations of th	e position.
Si	ignature of New Registered 2	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)

<u>Tit</u>	<u>tle</u>	<u>Name</u>	0	Address	Type of Action
Proch	Senot	Rober	Adoy	the France to	C+P ☐ Add Ven H ☐ Remove
Proxido	mt_	Klimber	lee Hougan	1616 Tived & Winter blave	
Tran	viz.	Rober	Adoy	1616 first is winter Haves,	↑. ↑ ☐ Add ☐ Remove
			ndditional Articles, en if necessary). (Be sp		
_					
F.	provisio		nting the amendment	reclassification, or cancell if not contained in the an	
	-				

The date of each amendment(s) adoption:
Υ .	(date of adoption is required)
Effective date if applicable:	10-6-11
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by Rober	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	<u>-6-11</u>
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)