## H18658

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:F	Prosser Hallock,	Inc.			
DOCUMENT NUMB	CUMENT NUMBER: H18658					
The enclosed Articles of	f Amendment and fee are st	abmitted for filing.				
Please return all corresp	oondence concerning this ma	atter to the following:				
		John Moss				
_	Name of Contact Person					
	Head, M	Moss, Fulton & G	Briffin, P.A.			
-		Firm/ Company				
	1530 Business Center Drive Suite 4					
•••	Address					
_	Fleming Island, FL 32003					
	City/ State and Zip Code					
	JMoss@hea	dmossfulton.com	n			
<del></del>	E-mail address: (to be u	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
Joh	nn Moss	<sub>at (</sub> 904	278-8200 de & Daytime Telephone Number			
Name of	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dept	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)			
	ng Address		Address			
	dment Section on of Corporations	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				
	Box 6327					
Tallah	assee, FL 32314					
		Tallahassee, FL 32301				

## Articles of Amendment to Articles of Incorporation of

			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(Name of Corporation as	currently filed with the F	orida Dept. of State)	7. To
H18658			
(Document	Number of Corporation (in	known)	
Pursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	ndopts the following amend
. If amending name, enter the new nar	ne of the corporation:		
Prosser, Inc.			The ).
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "(	Co". A professional corpor	oraled" or the abbrevial valion name musi contain
8. <u>Enter new principal office address, if</u> Principal office address <u>MUST BE A ST</u>		NA	
Enter new mailing address, if applic (Mailing address MAY BE A POST O	FFICE BOX)		
new registered agent and/or the new	registered office address:	ess at Piblical enfet the hu	die of the
Name of New Registered Agent	NA		<b>-</b>
		<del></del>	
•	(Florida stre	el address)	<b>-</b> ,
New Registered Office Address:	(Florida stre	el address), Florida	-

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	<u>PT</u>	John Do	<u>c</u>		
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change		_	NA		
Add				·	
Remove					
2) Change		<del></del>			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
r					
6) L Change		-			
∐ ∧dd					
Remove					

N	additional sheets, if necessary).	rticles, enter change(s) here: ).      (Be specific)	
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		***************************************	
			<del>,</del>
<del></del>			
	<del></del>		
			<del></del> -
		•	
	<del></del>		
provi	sions for implementing the ame If not applicable, indicate N/A)	chauge, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
provi	sions for implementing the ame If not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
provi	sions for implementing the ame If not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:	
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provi	sions for implementing the ame If not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: Oditually 1, 2014	, if other than the
date this document was signed.  Effective date if applicable: January 1, 2014	•
(no more than 90 days after amendment file date)	<u></u>
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	
by"  (voting group)	
The amendment(s) was/vere 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 1.6 2014	
Signature	<del></del>
(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)	
Donald V. Fullerton	
(Typed or printed name of person signing)	<del></del>
President	<del></del>
(Title of person signing)	