H59523

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COVER LETTER

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TO: Amendment Sect Division of Corpo				6001 19 MII. 10
NAME OF CORPO	RATION: Stavros Corporation	on		9 350 2 360
DOCUMENT NUMI	H50522			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		0 5
Please return all corre	spondence concerning this ma	tter to the following:		
	David R. Phillips, Esq.			
		Name of Contact Person		
	David R. Phillips, P.A.			
		Firm/ Company		
	1314 S. Fort Harrison Avenu	e, Suite A		
		Address		
	Clearwater, FL 33756			
		City/ State and Zip Code		
david	l@dphillipslaw.com			
		sed for future annual report	notification)	
		_		
For further informatio	n concerning this matter, pleas	se call:		
David R. Phillips, Esc	q .	727 at (300-1399	
Name	of Contact Person		le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)	
Amo Divi P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building kecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

160C1 19 %		
	11.10	Tlor.

Stavros Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

H59523

ent(s) to

	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	ús Florida Profit Corporatio	on adopts the following amendme	
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional con	corporated" or the abbreviation poration name must contain the	
		28870 U.S. Highway 19 North		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Suite 300		
		Clearwater, FL 33761		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28870 U.S. Highway 19 North		
		Suite 300		
		Clearwater, FL 33761		
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	David R. Phillips, Esq.			
name of new Registered Agent	1314 S. Fort Harrison A	venue, Suite A		
		street address)		
New Registered Office Address:	Clearwater	ŕ	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist (ntions of the position.	
	Signature of New	v Registered Agent, if chang	ing	

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>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>aith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_		_	
Add				_	
Remove				-	
2) Change				_	
Add		_		_	
Remove				_	
3) Change		····		_	
Add				_	
Remove				-	
4) Change					
Add		_		-	
Remove				-	
				-	
5) Change		_		-	
Add				-	
Remove				-	
6) Change		_		-	
Add				_	
Remove					

	onal sheets, if n	ecessary).	es, enter change (Be specific)			
						
						
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<u>lf an amendi</u> provisions f	ment provides (for an exchar	nge, reclassifica	tion, or cancellate	<u>ion of issued shar</u> endment itself:	res,
provisions i	ment provides (for implemention pplicable, indic	ng the amend	nge, reclassifica Iment if not cor	tion, or cancellate tained in the am	ion of issued sharender itself:	<u>°es,</u>
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provisions i	<u>for implementii</u>	ng the amend	nge, reclassifica	ition, or cancellat itained in the am	ion of issued sharendment itself:	'es,

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this of State's records.	s date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	he shareholders. The number of votes cast for the amendment approval.	ent(s)
	the shareholders through voting groups. The following stating group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the a	nendment(s) was/were sufficient for approval	
by	voting group)	
	voting group)	
	he board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were adopted by action was not required.	he incorporators without shareholder action and shareholder	
September 19, 2016 Dated		
Signature	(Pullity)	
	resident or other officer - if directors or officers have not be	
	ncorporator – if in the hands of a receiver, trustee, or other of ary by that fiduciary)	court
Nicole A	. Farantatos	
	(Typed or printed name of person signing)	
Presider	t	
	(Title of person signing)	