H59166

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SECRETARY OF STATE

MAR 2 8 2019 T.LEMIE.

COVER LETTER.

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SERVICES BER: H59766	TO ACCOUNT	ANTS, INC.
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	DEBORAH HUPF	PERT	
		Name of Contact Person	1
		Firm/ Company	
	17611 SW 48 ST	• •	
		Address	
	SOUTHWEST RA	ANCHES, FL 33	331
		City/ State and Zip Code	2
DE	BBIE@HUPPERT E-mail address: (to be us	CPA.COM ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
DEBORAH F	IUPPERT	_{at (} 954	, 434-4811
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 abassee, FL 32314	Amend Divisio Cliston	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

' Articles of Amendment to Articles of Incorporation of

.....

(Name of Corporation as currently filed with the F	torida Dept. of State)	
H59766		
(Document Number of Corporation (if	î known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name n	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(g universe (
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		
	•	
(Florida stre	eet address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code	2)
New Registered Agent's Signature, if changing Registered Agent:		22
I hereby accept the appointment as registered agent. I am familiar w	viin ana accepi ine ootigations of ine posti	SECR I
Signature of New Registered A	Igent, if changing	
		R 25 AV

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	JOSEPH H. HUPPERT	17611 SW 48 STREET
XAdd			SOUTHWEST RANCHES, FL 33331
Remove			
2) Change	SEC	DAVID HUPPERT	7361 SW 6TH STREET
X Add			PLANTATION, FL 33331
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
<u></u>		.
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued share	<u>5.</u>
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adoption: U3/2U/2U 3		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 03/20/	2013	
selecto	director, president or other officers indirectors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	DEBORAH HUPPERT	
	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	