

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (1.001035) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| , | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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PEC 2 7 2017



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: | CPA PA | | | | |
|--|---|--|--|--|--|--|
| DOCUMENT NUMBER: K01729 | | | | | | |
| | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | | |
| | Jeffery L Carrier | | | | | |
| - | Name of Contact Person | | | | | |
| - | Firm/ Company | | | | | |
| · | 2614 Tamiami Trail, North. S | Ste 712 | | | | |
| - | | Address | | | | |
| ì | Naples, FL 34103 | | | | | |
| | | City/ State and Zip Code | 2 | | | |
| jearrie | r@boardadvisorygroup.com | | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | | |
| For further information | concerning this matter, pleas | e call: | | | | |
| Jeffery L Carrier | | 561 at (| 379-5581 | | | |
| Name o | f Contact Person | | de & Daytime Telephone Number | | | |
| Enclosed is a check for | the following amount made p | payable to the Florida Depa | rtment of State: | | | |
| S35 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) | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

FILED

Jeffery L Carrier, CPA PA

| (Name of Corporati | ion as currently filed with the l | Florida Paos. of State P 253 |
|---|-----------------------------------|---------------------------------------|
| C01729 | | |
| (Docum | nent Number of Corporation (if l | known) |
| ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation: | | |
| a. If amending name, enter the new name of the co | orporation: | |
| Carrier Financial Group, Inc. | | The new |
| ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the | "," "Inc," or "Co". A profession | or "incorporated" or the abbreviation |
| . Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u> | | |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | av. | |
| (Malling dadress MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| | | |
| . If amending the registered agent and/or register | | nter the name of the |
| new registered agent and/or the new registered | office address: | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | (City) | , Florida(Zip Code) |
| | (CII,) | (Zip Cone) |
| | | |
| lew Registered Agent's Signature, if changing Reg | | and the second of the second |
| hereby accept the appointment as registered agent, | i am jamiliar with and accept th | e onugations of the position. |
| | | |
| | | |
| Signe | ature of New Registered Agent, i | f 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= 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>oe</u> | |
|----------------------------|-----------|----------|-------------|-------------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally St | <u>mith</u> | |
| Type of Action (Check One) | Title | | <u>Name</u> | Address |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | _ | | | |
| Add | | _ | | |
| Remove | | | | |

| E. If amending or adding addit (Attach additional sheets, if ne | ecessary). (Be specifi | (c) | | |
|--|------------------------|---------------------|-------------------|---------------------------------------|
| N/A | | | | |
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| If an amountmost musuides fo | | .:F | | |
| If an amendment provides for provisions for implementing | g the amendment if no | ot contained in the | amendment itself: | res. |
| (if not applicable, indica | te N/A) | | | |
| 5/A | | | | |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|---|---|
| Effective date if applicable: | |
| (no more than 90 days afte | er amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records. | tory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval. | of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided. | |
| "The number of votes cast for the amendment(s) was/were sufficient | at for approval |
| by | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shaction was not required. | nareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required. | older action and shareholder |
| December 21, 2017 Dated | |
| Signature | <u>`</u> |
| (By a director, president or other officer – if director, by an incorporator – if in the hands of appointed fiduciary by that fiduciary) | ectors or officers have not been a receiver, trustee, or other court |
| Jeffery L Carrier | |
| (Typed or printed name of pe | erson signing) |
| President | |
| (Title of person s | igning) |