K64067

	Requestor's Name)
	(Address)
•	Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Document Number)
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: 1 14 16 10 10 10 10 10 10 10 10 10 10 10 10 10	and Services, Inc.
l The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Turtle Pard	Name of Contact Person Services Firm/ Company
Paredise	Address Address City/ State and Zip Code Complete Comp
For further information concerning this matter, please ca	all:
Name of Contact Person	at (5/2) CO7. 404
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
S35 Filing Fee S43.75 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 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

οf

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

K104067
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 10
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PO POX 111.55
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent NAME OF New Registered Agent
New Registered Office Address: 5000 (City) New Registered Office Address: (City) 1000 Hollowd Drive Suite 10 (Florida street address) (Florida 33487 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
N/A
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = CExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each o_j 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. The 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 Charmike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	.,	•		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	Aļa	==e	N/A some	1000 Holland Dr
Add Remove				truca Paton F1 3
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if nece	ssary). (Be sp	vecific)			
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an amendment provides for provisions for implementing	an exchange, r	eclassification, o	r cancellation of	issued shares,	
provisions for implementing (if not applicable, indicate	<u>he amendment</u> N/A)	if not contained	in the amendme	<u>nt itself:</u>	
		<u> </u>			
		NIA			
					<u>"</u>
	•	<u></u>	<u> </u>	·	
		,	<u>-</u>		

The date of each amendment(s) adoption:	NA	if other than
date this document was signed.		
Effective date if applicable:	N/A	
	nore than 90 days after amendment file dat	te)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		nts, this date will not be listed as
Adoption of Amendment(s) (CHECK C	<u>DNE</u>)	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva		mendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of		
"The number of votes east for the amendment((s) was/were sufficient for approval	
byN/A	<u></u> ."	
(voting gro	nup)	
☐ The amendment(s) was/were adopted by the board of action was not required.	of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the incorpo action was not required.	orators without shareholder action and shar	reholder
Dated		
	other officer - if directors or officers have	e not been
	if in the hands of a receiver, trustee, or	r other court
appointed fiduciary by that	t fiduciary)	
	The	
(Typed	or printed name of person signing)	
(Турса)	or prince indic or person signing)	
	<i>DP</i>	
	(Title of person signing)	