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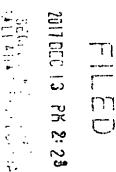
(Re	equestor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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I ALBRITTON

COVER LETTER

TO:	Amendment Section .
	Division of Corporations

NAME OF CORPORATION:	at Planning Association of South Florida
N00000000995 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Josh Davis	
	(Name of Contact Person)
The Financial Planning Association of South	Florida
	(Firm/ Company)
1035 State Road 7, Suite 315-14	
	(Address)
Wellington, FL 33414	
	(City/ State and Zip Code)
josh @davisprivatewealth.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r. please call:
Josh Davis	561 284-8999
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, EL 32314

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation \mathbf{of}

	Articles of Amendment	
	to Articles of Incorporation	
	of	B . 1
THE FINANCIAL PLANNING ASSOCIATION C	OF SOUTH FLORIDA, INC.	100 A
(Name of Corporation	as currently filed with the Flor	rida Dept. of State)
N00000000995		
(Docum	ent Number of Corporation (if k	nown) . ·
Pursuant to the provisions of section 617.1006. Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	nown) The Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word		I" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applicab		une 315-14
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS) Wellington, FL 3341	4
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1035 State Road 7, S	Suite 315-14
	Wellington, FL 3341	4
D. If amending the registered agent and/or regist		enter the name of the
new registered agent and/or the new registere		
Name of New Registered Agent:	Joshua Davis	
	1035 State Road 7, Suite 315-14	1
•	(FI	lorida street address)
New Registered Office Address:		
	Wellington	Florida 33414
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	ogistored Agent:	
New Registered Agent's Signature, it changing R I hereby accept the appointment as registered agent.		the obligations of the position.
,		*
	1/2/	
	Signature of New Regist	tered Agent, if changing
	1	

Page 1 of 4

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 X Remove A Add	$\overline{\underline{\mathbf{V}}}$ $\overline{\underline{\mathbf{M}}}$	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	ED	Linda Wolonick	9662 RIDGECREST COURT
Add			DAVIE, FL 33328
X Remove			
2) Change	T	Nicholas Chiricosta	777 South Flagler Drive
Add			Ste. 140E
X Remove			West Palm Beach, FL 33401
3) X Change	P	Michael Ross	4722 NW 2ND AVENUE
Add			Suite C104
Remove			BOCA RATON. FL 33431
4) Change	r	Joshua Davis	1035 State Road 7
X Add			Suite 315-14
Remove			Wellington, FL 33414
5) Change	S	C. G. Kip Widing	515 E Las Olas Blvd, 5th Floor
X Add			Fort Lauderdale, FL 33301
Remove			
6) Change	<u>C</u>	Susan Weinblatt	7284 W. Palmetto Park Road
Add			Suite 106
X Remove			Boca Raton, FL 33433

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.

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Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		Ran	dall Wolk	Sinte 17T Born Richin FC 33432
Remove				Born Rutin FC 33732
2) Change Add	-			
Remove 3) X Change				
Add				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Ramova				

attach additional sheets	; if necessary).	(Be specific)				
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	date of each amendment(s) ac	option:	, if other than the
date	this document was signed.		
r m	ctive date <u>if applicable</u> :	1/2017	
	tive date it apprearie.	(no more than 90 days after amendment file da	ite)
	e: If the date inserted in this blo iment's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes cast for al.	or the amendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendors.	lment(s) was/were
	Dated 12/11/2017	7-7-	
	Signature	1.12.11	
	have not by	toan or vice chairman of the board, president or other en selected, by an incorporator — if in the hands of a re appointed fiduciary by that fiduciary)	
	Joshua I	Davis	
		(Typed or printed name of person signi	ing)
	Treasure	:r	

(Title of person signing)