

(Da	No.	
(RE	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
•	,	
Certified Copies	Cortificatos	of Statue
Certified Copies	_ Certificates	Or Clates
Special Instructions to	Filing Officer:	

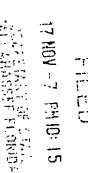
Office Use Only



000305087740

11/07/17--01031--012 **35.00

S TALLENT NOV 13 2017



mend

COVER LETTER

TO: Amendment Section Division of Corporations

SCOTT CHEERFU NAME OF CORPORATION:	L RESIDENT CORP.			
N02000008171				
DOCUMENT NUMBER:			<u>.</u> .	
The enclosed Articles of Amendment and fee are sub	mitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
LINNETTE ROBINSON				
	(Name of Contact Person	n)		
SCOTT CHEERFUL RESIDENT CORP.				
	(Firm/ Company)			
6781 NW ABIGAIL AVENUE				
	(Address)			
PORT SAINT LUCIE, FL. 34983				
	(City/ State and Zip Cod	e)		
bobkaltenbach@comcast.net				,
E-mail address: (to be use	d for future annual report	notification)		
For further information concerning this matter, please	: call:			
LINNETTE ROBINSON	77 at	2	979-2279	
(Name of Contact Person		ea Code)	(Daytime Teleph	one Number)
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of St	ate:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certifie	onal Copy is	
Mailing Address		Address		
Amendment Section	Ameno	lment Section	n	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	itly filed with the Flo	rida Dept. of State)
N02000008171		<u> </u>
(Document Numb	per of Corporation (if l	(nown)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:		or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u> </u>	
	uinati an thagann suats	The new
name must be distinguishable and contain the word "corpora" Company" or "Co," may not be used in the name .	uton or incorporate	a or the appreviation Corp. or the.
"		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	,	, the contract of the contract
Trincipal office dualess MOST DE ASTROCT ACCORDS	, 	
		2 P
		22 -
Enter new mailing address, if applicable:		第二章 第四章
(Mailing address MAY BE A POST OFFICE BOX)		PHID:
). If amending the registered agent and/or registered offi	ce address in Florida	, enter the name of the
new registered agent and/or the new registered office a	adaress:	
Name of New Registered Agent:		
	· (F	lorida street address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)

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, 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: XChange X Remove X Add	<u>V</u> <u>Mil</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	AMD	KEITH MCKNIGHT	6781 NW ABIGAIL AVENUE
Add			PORT SAINT LUCIE, FL. 34983
X Remove			
2) Change	AMD	CAROL SCOTT	6781 NW ABIGAIL AVENUE
X Add			PORT SAINT LUCIE, FL. 34983
Remove			
3) Change			
Add			
Remove			WAR-2012
4) Change		<u>. </u>	
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			_
Add			
Remove			

f amending or adding additional Artiutach additional sheets, if necessary).	(Be specific)
1	
	<u> </u>

•		11/02/2017	
The date of each a date this document	amendment(s) adop was signed.	ion:	, if other than the
ne a la ce	11/02/2	017	
Effective date <u>if a</u>	pplicable:	(no more than 90 days after amendm	nent file date)
		does not meet the applicable statutory fil ment of State's records.	ling requirements, this date will not be listed as the
Adoption of Ame	ndment(s)	(<u>CHECK ONE</u>)	
	ent(s) was/were adop ficient for approval.	ed by the members and the number of v	otes cast for the amendment(s)
	members or member ne board of directors.	entitled to vote on the amendment(s).	The amendment(s) was/were
Date			
Sign	ature Linne	tte Robinson n or vice chairman of the board, presiden	and an other officer if discourse
	have not been	elected, by an incorporator – if in the hat ointed fiduciary by that fiduciary)	
	LINNETTE	ROBINSON	
		(Typed or printed name of p	erson signing)
	MANAGIN	G DIRECTOR/PRESIDENT	
		(Title of person s	signing)