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(Red	questor's Name)	
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S. YOUNG

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COVER LETTER

TO: Amendment Section
Division of Corporations

(INNOUAT)	·2~)
NAME OF CORPORATION: ENGLEWOOD INCUSAT	10 ~ CENTER
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DONALD MUSI//- (Name of Contact Person)	
(Name of Contact Person)	
ENGLEWROUD INCUBATIO	A CENTER, INC
Physical) 1398 OLD FOLLIEWSOUD. RUSTD. ELCL.	EWOOD, F1. 34233
(MAIL) P.D.BOX 465, FLIGHTWOOD, FL 3 (Address)	17295
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ENGLIFUDDA, FL 34285 ENGLIFU (City/ State and Zip Code)	1001) 12. 37223
DONAMICILE DA MAIL 100	
DONNIUS III. Q 9 monil 10 m E-mail address: (to be used for future annual report notification)	·
For further information concerning this matter, please call:	666 73
	999-8200
(Name of Contact Person) at 317 (Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of St	ate:
(Additional copy is Certified	ate of Status d Copy onal Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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	tly filed with the Florida Dept. of State)
ENGLEWICH TROUBLY (Document Number	TICK CIFATER, INC. er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
ENGLIEW COLL TANDUL name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ATIEN CIENTIFIE, INC. The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	ENGLIE WOOD FL 31223
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. BOX 465 ENGLEWOOD FL 34295
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	te address in Florida, enter the name of the
Name of New Registered Agent: \(\sum_{\text{l}} \)	CNALD MUSILLI
New Registered Office Address:	COCOAMOT ALE (Florida street address)
	$\frac{156000}{(City)} \qquad \text{Florida} \qquad \frac{372235}{(Zip Code)} = \frac{12}{25}$
New Registered Agent's Signature, if changing Registered , I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
	Janul Musil - grature 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: 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)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Ru spacific)	nge(s) nere:			
(anach daamonai sheeis, ij hecessary).	(be specific)				
					
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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable:</u>	EEB 10+6	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ek does not meet the applicable statutory filing requirements, thi artment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amer	ndment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was	is/were
Dated FEB	414 2019	
Signature 1	nald Musill-	
have not been	nan or vice chairman of the board, president or other officer-if on selected, by an incorporator — if in the hands of a receiver, true ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESINENT	
	(Title of person signing)	