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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	T STEPPING STON	ES, INC 		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
JAMES J O'HEARN				
	(Name of Contact P	erson)		
JAMES O"HEARN ACCOUNTING & ASSOCIATE	ES, INC		•	
	(Firm/ Company	y)		
1991 SOUTH KANNER HIGHWAY				
	(Address)			
STUART, FLORIDA 34994				
	(City/ State and Zip	Code)		
OHEARNTAX@GMAIL.COM				
E-mail address: (to be used	d for future annual rep	ort notification	1)	
For further information concerning this matter, please	call:			
JAMES J O'HEARN	at	772	266-4712	
(Name of Contact Person		(Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amount made pa	ayable to the Florida l	Department of	State:	
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section	Street Address Amendment Section			

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



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TREASURE COAST STEPPING STONES, INC.		
(Name of Corporation as c	currently filed with the Flor	ida Dept. of State)
N13OOOO05033		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
War Paristand Office Adduser	(F)	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regil hereby, accept the appointment as registered agent.		the obligations of the position.
·	Signature of New Regis.	tered 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>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	FOWLER, JERELENE	3637 7TH CT SW
Add			VERO BEACH, FL 32967
X Remove			
2)Change	D	DAVIS, PADRIKA	4825 33RD AVENUE
Add			VERO BEACH, FL 32962
X Remove			
3) Change	D	BARLOW DESOUZA	8606 AURORA WAY
X Add			HOBE SOUND, FL 33455
Remove			
4) Change	D	GREYER, CHAZ	1290 12TH CT SW
X Add			VERO BEACH, FL 32967
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Ar (attach additional sheets, if necessary).	(Be specific)		
•			
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The date of each amendment(s) adoption:	SECRETARY OF STATE US	, if other than the
date this document was signed.	DIAIRISA on com your.	
Effective date if applicable:	15 OCT 30 PM 12: 37	· · · · · · · · · · · · · · · · · · ·
(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's record.		t be listed as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the members and was/were sufficient for approval.	d the number of votes cast for the amendment(s)	
There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were	
Dated Signature AUGUST 20, 2015	Tu-	
	he board, president or other officer-if directors rator – if in the hands of a receiver, trustee, or it fiduciary)	
DEBBIE BARTEE		
(Typed or	printed name of person signing)	
DIRECTOR		
	(Title of person signing)	