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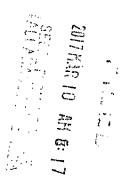
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Amend Mame

MAR 14 2017 I ALBRITTON

TO: Amendment Section Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$43.75 Filing Fee & Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address 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

Articles of Incorporation

· Ai	ticles of Incorpora	tion			
Kecoven	1 Ep. C	enter.	2/1/	C	•
(Name of Corporation as cu	rrently filed with t	he Florida Dept. o	f State)		
	01400	0000.31	32_		
(Document)	Number of Corporati	on (if known)			
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For Profit Cor	<i>poration</i> adopts the	; follow	'ing
A. If amending name, enter the new name of the correct the Covery Epica	enterz	found	ationi	_the n	LC lew
name must be distinguishable and contain the word "con" "Company" or "Co." may not be used in the name.	rporation" or "incoi	rporated" or the abl	breviation "Corp."	or "Inc	2. "
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		75 (59) [] []	2011	
	 		779+1 1 1 1	×	<u> </u>
				==	
C. Enter new mailing address, if applicable:				_	i Ti
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			*	<u> </u>	
				ėb.	
			1.22 p. 11 1.22 p. 12	1	
D. If amending the registered agent and/or registered		Florida, enter the n	ame of the		
new registered agent and/or the new registered of	fice address:				
Name of New Registered Agent:	- 				
		(Florida street ad	(dress)		
New Registered Office Address:					
****			, Florida (Zip Code)		
	(City)	,	(Zip Code)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.		l accept the obligation	ions of the position.		
	Signature of New	w Registered Agent,	if changing		

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Cathy BURNS	
Add			
Remove			
2) Change		Jason Crites	
Add			
Remove		David Zwicha	
3) Change		AUVIU ZWILVIGI	OWSCG
Add Remove			
4) Change Add	T	Tom Bolling	2000 folk Stral
Remove	λ	Patrick Stattery	lesley Chaple for 33543 5401 1St Ave S 5+ Petersburg &1
5) Change Add	<u> </u>	IMMULII SIUTIET 9	St Petersburg &/
Remove			33707
6) L Change	<u>S</u> .	Jessica leigh	
Add		DCOH	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
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, if other than the The date of each amendment(s) adoption: _ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)