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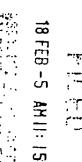


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K. WHITE

R. WHITE FEB 0 7 2018



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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Access Point Project, Inc.					
DOCUMENT NUMBER: N1600011204					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Belkis Coupet (Name of Contact Person)					
TA-PP C/O RPA (Firm/ Company)					
1815 Forest Hill Blvd.					
Lake Clarke Shores FL 33406 (City/State and Zip Code)					
b Coupet @ abapros.com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Belkis Coupet at (855) 217-7625 (Name of Contact Person) (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					

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

## FILED Articles of Amendment to

Articles	of Incorporation 18 FEB -5 AM 11: 15
The Access 1	Point Project Tinica
· ·	
	00011204
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617,1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	ion" or "incorporated" or the abbreviation " Corp." or "Inc"
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name	ion" $or$ "incorporated" or the abbreviation " Corp." or " Inc."
	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
(1770) (1970) (1	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	//\
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	
Name of New Registered Agent:	Belkis Coupet (same)
	(same)
	(Florida street address)
New Registered Office Address:	
	(Same) Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
	12 . 1
<del></del>	Delkin Coupott gnature of New Registered Agent, if changing
$S_{ij}^{p}$	gnature of New Registered Agem, 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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	T	Kimberly Arteaga	1815 Forest Hill Blvd. Lake Clarke Shores FL 3340
2) Change Add	P/T	Belkis Coupet	(same)
Remove  3 ) Change  Add Remove	D	Darlene Foster	1815 Forest Hill Blvd. Lake Clarke Shores FL 33406
4) Change Add Remove	D	<u>Denise Negron</u>	1815 Forest Hill Blvd. Lake Clarke Shores FL 33406
5) Change Add Remove			
6) Change Add Remove			

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The date of each amendment(s) adoption:O1/O1/18	, if other than the
date this document was signed.	
Effective date if applicable: 01/01/18	
(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 document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amenwas/were sufficient for approval.	idment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	is/were
Dated01/11/18	
Signature Signature	
(By the chairman or vice chairman of the board, president or other officer-if of	
have not been selected, by an incorporator – if in the hands of a receiver, true	stee, or
other court appointed (iduciary by that fiduciary)	
Annette Lizardo	
(Typed or printed name of person signing)	
9	
Secretary (Title of person signing)	<del></del>
( Fine of person signing)	