Nac Cocco252C

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000354443480

11/03/20--01021--010 **35.00

DEC 12 2020 S. YOUNG 2828 HOY -3 PH 12: 13

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	BAY INC			_
DOCUMENT NUMBER: N20000002520				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
LOVETTE DOBSON				
	(Name of Contact	Person)		_
INCFILE.COM LLC				
	(Firm/ Compa	ny)	-	_
17350 STATE HWY 249 STE 220				
	(Address)			_
HOUSTON, TX 77064				
	(City/ State and Zi	p Code)		_
EFILE1234@INCFILE.COM				
E-mail address: (to b	e used for future annual r	eport notificati	on)	_
For further information concerning this matter,	please call:			
LOVETTE DOBSON	1	888 at	462-3453	
(Name of Contact I			(Daytime Telephone Number)	
Enclosed is a check for the following amount m	ade payable to the Florida	Department o	f State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certi r is Certi (Add	50 Filing Fee dicate of Status dicate Copy ditional Copy is dosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā	treet Address mendment Sec Division of Corp The Centre of	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CSA TAMPA BAY INC

(Name of Corporation as currently filed with the I	Florida Dej	pt. of State)			
	N200	000002520			
(Documen	nt Number	of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	da Statutes,	this <i>Florida</i>	Not For Profit Co	prporation adopts th	e following
A. If amending name, enter the new name of the c	corporation	<u>1:</u>			
					The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	"corporatio	n" or "incor	porated" or the ab	obreviation "Corp."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)					
	-				
			·		_
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>ox</u>) _		<u> </u>		
					_
	_				
D. If amending the registered agent and/or registe	ered office :	address in F	lorida, enter the	name of the	
new registered agent and/or the new registered			-		
Name of New Registered Agent:					
	<u> </u>		(Florida street ad		
New Registered Office Address:			(r ioriaa sireei ad	iaress)	
-		(City)		, Florida <i>(Zip Code)</i>	
		(Cniv)		(Zip Code)	
New Registered Agent's Signature, if changing Reg					
hereby accept the appointment as registered agent.	I am famil	iar with and i	accept the obligati	ions of the position.	A04 6202
					- 125 - 125 - 125
				<u> </u>	- YO
	Signa	iture of New	Registered Agent,	if changing	ω
				;; -	*****
				**	<u> </u>
				•. •	T. [.] PM 12: 43
					ω

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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	Address
Change Add	DIR	DELTA MUNOZ	260 IST AVE S SUITE 200-218 SAINT PETERSBURG, FL 33701
x Remove			
2) Change Add	<u>DIR</u>	DOUG EGAN	260 1ST AVE S SUITE 200-218 SAINT PETERSBURG, FL 33701
x Remove 3) Change x Add Remove	<u>DIR</u>	KISHEN SRIDHARAN	260 IST AVE S SUITE 200-218 SAINT PETERSBURG, FL 33701
4) Change Add	DIR	ROBERT CARVAJAL	260 1ST AVE S SUITE 200-218 SAINT PETERSBURG, FL 33701
Remove			
5) Change Add			
Remove			
6) Change Add	·		
Remove			
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	
		· —	

•	
	
<u> </u>	
	
	· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s)

Dated	10/10/2020
50.00	$\overline{\qquad}$
Signatur	e Hazen Hulen
	(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)
	MAZEN HIJLEH
	(Typed or printed name of person signing)
	DIRECTOR