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COVER LETTER

Barbara + Grace N24006 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) nomesinc 2000 (2) Gma, / . Con U For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

Articles of Incorporation of

R. Laura	01	
Barbara + 6		
<u> </u>	as currently filed with the Florida Dept. of State)	
	34006	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floriamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adop	ots the following
A. If amending name, enter the new name of the	1	
ways by Estimate by Estimate and I contain the second	"corporation" or "incorporated" or the abbreviation "C	The new
"Company" or "Co." may not be used in the name.	corporation or incorporated or the appreviation Co	orp, or inc.
D F 4		
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	QY	
pruning dadress <u>mar bit it 1931 Or Free b</u>		
D. If amending the registered agent and/or registered agent and/or the new registered.	ered office address in Florida, enter the name of the	
Name of New Registered Agent: _		1777 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
<u>-</u>		
New Registered Office Address:	(Florida street address) 	
_	, Florida	
	(City) (Zip Coo	ie)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the pos.	
		17 712
	Signature of New Registered Agent, if changing	- 注
	мунаште ој wew кеумлегеа лует, џ changing	
		(3)

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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>D</u> _	Stacey D	Jacksonuille Fl 32206
2) Change Add			
Remove 3) Change Add Remove			-
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
		
		-

•		

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :	,	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the D	lock does not meet the applicable statutory filing requirements, this datepartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes east for the amendmental.	$\operatorname{int}(s)$
☐ There are no members or mer adopted by the board of direction	obers entitled to vote on the amendment(s). The amendment(s) was/waters.	are
Dated	15/17	
Signature	ACIPCU	
have not b	irman or vice chairman of the board, president or other officer-if direction selected, by an incorporator – if in the hands of a receiver, trustee, trappointed fiduciary by that fiduciary)	
	Sloria F. DeVall	
	(Typed or printed name of person signing)	
	President (Title of person signing)	_