PD00000041798

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Flow Consulting,	Inc.	
DOCUMENT NUMB	ER:P00060041798		
The enclosed Articles is	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	S. Reese Bourgeois		
-		Name of Contact Persor	1
-		Firm/ Company	
	10340 SE 138th Place Road		
•		Address	
-	Summerfield, F1, 34491	City/ State and Zip Code	9
TIMIN	ebourgeois@flowconsulting		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cindy Bourgeois		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment to Articles of Incorporation of

Flow Consulting, Inc.		
(Name of Corporation	as currently filed with the Florida	a Dept. of State)
P00000041798		
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
Flow Leadership, Inc.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A professional c	ncorporated" or the abbreviation or
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		بي .
		0
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		he name of the
Name of New Registered Agent	<u> </u>	
	(Florida street address)	
	re un un street aaares s	
New Registered Office Address:	(City)	, Florida /Zin Code)
	ic no	12.41 V Ota 1
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. T	am familiar with and accept the obli	gations of the position
	tura of Now Rouistavad Agent if chan	
Signet	are at New Registered Agent if char	101110

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: \underline{X} Change	<u>b.t.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change	 -		
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	idding additional . I sheets, if necessar	ry). (Be specific)			
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		. <u> </u>			
					
					
					
	<u>_</u>				
					
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		evchange, reclassi	fication, or cancell	ation of issued sha	ires,
<u>f an amendmen</u>	<u>t provides for an</u>		auntained in the or	nendment itself: -	
provisions for i	mplementing the	amendment if not	contained in the ai		
provisions for i	it provides for an implementing the icable, indicate N2	amendment if not †)	contained in the gr		
provisions for i	mplementing the	<u>amendment if not</u> (f)	contained in the ar		
provisions for i	mplementing the	amendment if not	contained in the ai		****
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provisions for i	mplementing the	amendment if not	CONTAINED IN THE AT		

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will tof State's records.	not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
☐ The amendment(s) was/were approved by must be separately provided for each vo.	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes east for the a	mendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
1-1-19 Dated		
Signature	esley	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	-
S. Ree	rse Bourgeois	
	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	