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SECRETARY OF STATE OIVISION OF CORPORATIONS

Amend/Marie

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: ANDREWS	LANBERT IN	c - CHANGE	TO:
DOCUMENT NUMI	BER: P00000083	268	Ar	DREWS EVEN
	of Amendment and fee are su			Ŧ,
Please return all corres	spondence concerning this ma	tter to the following:		
	Au CA:	DARENS		
	ALICE AN	Name of Contact Person		<del></del>
	Main no	CUEAST T		
	MNULLU	S EVENTS IN Firm/Company	<u> </u>	
		rimi Company	0.5	
	5760 K	Address	140	<del></del>
		Address		
	MPOPKA	FL 32716 City/ State and Zip Cod	<u> </u>	
		City/ State and Zip Cod	e	
	ANDRANS GA.	TEDPRO ANI	CONL	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ALLE	ANDREWS	at ( 352	516-8466	
	of Contact Person	Area Co	de & Daytime Telephone Nur	mber
Enclosed is a check fo	r the following amount made:	payable to the Florida Depa	artment of State:	
_	<u>.</u>	_	_	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status	
	Certificate of Status	(Additional copy is	Certified Copy	
		enclosed)	(Additional Copy	
			is enclosed)	
	ling Address		Address	
Amendment Section			Iment Section	
	sion of Corporations  . Box 6327		on of Corporations Building	

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**



## ANDREWS ! LAMBERT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ment(s) to

P00000083268	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corp	oration:
ANDREWS EVENTS I	NC The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	5760 ROUND LAKE RD- ESS) APOPKA, FZ 32712
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	S760 ROUND LAKE RD. APOPKA, FL 32712
	APOPKA, FL 32712
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
т петеоў ассері іне арроінітені as regimerea ageni. 17	т затиса мин ана ассері іне оонданонз оз іне розінон.
Signature of New	Registered Agent, 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<del>\</del>	_	
Add Remove			
2) Change		_ \	
Add Remove			
3) Change		_	
Add			<del></del>
Remove			
4) Change	-		
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary	Articles, enter change(s) here; y). (Be specific)
`	
<u> </u>	
<u> </u>	
If an amendment provides for an expressions for implementing the ac-	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	) \ \

Х	The date of each amendment(s) adoption:	_, if other than the
	date this document was signed.	
X		_
	(no more than 90 days after amendment file date)	
	Adoption of Amendment(s) (CHECK ONE)	
۷	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes cast for the amendment(s) was/were sufficient for approval	
	by"	
	by"  (voting group)	
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Dated 3/4/15	
	Dated 3/4/18 Signature Alui Ander	
	(By a director, president or other officer - if directors or officers have not been	_
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	•