P01000049753

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	TON:S&HBUSI	NESS, INC.				
DOCUMENT NUMBER	P01000049	753				
The enclosed Articles of A	Imendment and fee are su	abmitted for filing.				
Please return all correspon	dence concerning this ma	tter to the following:				
	JOHN	J. MCGLYNN III		_		
Name of Contact Person						
LAW OFFICES OF JOHN J. MCGLYNN III						
		Firm/ Company		-		
759 SOUTH FEDERAL HIGHWAY, SUITE 200F						
Address			-			
	CTIIAC	RT, FLORIDA 34994				<u> </u>
		City/ State and Zip Cod	e .		17	SE SE
•				÷		53
	JMCGLYNN@SOL	JTHFLLAWFIRM.COM			<u></u>	93
	E-mail address: (to be us	sed for future annual report	notification)			
					7	ಕ್ಷವ
For further information con	ncerning this matter, pleas	se call:				OR.V
JOHN J. MCGL	YNN III	at (772) 349-5646		1: 32	Y OF STATE
Name of C	ontact Person	Area Co	de & Daytime Telephone Numbe	r		ंक्र
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:			
\$35 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)			
Amendn	Address nent Section of Corporations x 6327	Amend Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

S & H BUSINESS, INC.

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

P01000049753

nt(s) to

	(Document Number of Corporation (if known	<i>w</i> n)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida Profit Corpo</i>	pration adopts the f	ollowing amendme
A. If amending name, enter the new name of	of the corporation:		
			The new
name must be distinguishable and contain a "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
D. If amending the registered agent and/or new registered agent and/or the new reg		the name of the	
Name of New Registered Agent	JOHN J. MCGLYNN III		
	759 SOUTH FEDERAL HIGHWAY,	SUITE 200F	
_	(Florida street address)		
New Registered Office Address:	STUART	, Florida_	34994
	(City)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DP	PATEL, BAKUL	5903 NW FAVIAN AVENUE
Add			PORT ST. LUCIE, FLORIDA 34986
X Remove			
2) Change	SEC	PATEL, HINA	5903 NW FAVIAN AVENUE
Add			PORT ST. LUCIE, FLORIDA 34986
X Remove			
3) Change	PTD	PATEL, HINA	5903 NW FAVIAN AVENUE
X_ Add			PORT ST. LUCIE, FLORIDA 34986
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

	ending or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
-	
	V
	- · · · · · · · · · · · · · · · · · · ·
	imendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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" (voting group)	
(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 APRIL 19, 2017	
Signature	_
(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)	
HINA PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	