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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CO EMP	LOYERS III, INC.			
DOCUMENT NUMBER: P0100006069				
The enclosed Articles of Amendment and	fee are submitted for fil	ling.		
Please return all correspondence concerning	g this matter to the foll-	owing:		
CHARLES L. HAL	.L			
	Name of C	Contact Person	1	
ACH CORPORAT	ION OF AMERICA III	, INC.		
	Firm/	Company		
777 E. ALTAMON				
	Ac	idress		
ALTAMONTE SPI	RINGS, FLORIDA 327	01		
	City/ State	and Zip Code	•	
chall@achcorp.com				
E-mail address	: (to be used for future :	annual report	notification)	
For further information concerning this ma	tter, please call:			
CHARLES L. HALL	at	(407	788-7112	
Name of Contact Person		Area Co)de & Daytime Telephone Number	
Enclosed is a check for the following amou	int made payable to the	Florida Depa	rtment of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	g Fee & \$\sum \$\\$43.75 F\$ Status Certified (Addition enclosed)	Copy al copy is	□\$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	i	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Mach 6 Phr. 16 CO EMPLOYERS III, INC. (Name of Corporation as currently filed with the Florida Dept. of State) : P01000060692 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ACH CORPORATION OF AMERICA III, INC.

name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A profession	
B. Enter new principal office address, if applica	able:	
(Principal office address <u>MUST BE A STREET A</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered		iter the name of the
Name of New Registered Agent		
**************************************	(Florida street address)	
New Registered Office Address:		, Florida
	(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.

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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VST	ERIC D. ARFONS	300 RIVERSIDE DRIVE E,
Add			SUITE 3100
X Remove			BRADENTON, FL 34208
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)	inge(s) here:			
						
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provisions for im-	provides for an exclude plementing the ame while, indicate N/A)	nnge, reclassi ndment if not	fication, or car contained in t	ncellation of iss he amendment	ued shares, itself:	
		<u></u>				
						
						
	 					<u> </u>

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)	
(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 w document's effective date on the Department of State's records.	ill 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 10/9/15	
Signature And Hall	
(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)	
Pres/CEO	
(Title of person signing)	