

JAN/09/2018/TUE 10:34 AM

Division of Corporations

P01000085657
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Florida Department of State
Division of Corporations
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Account Number : I20140000059
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
OLSON & ASSOCIATES OF NW FLORIDA, INC.**

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12/29/2017 12:55:15 PM PAGE 1/001 FAX SERVER

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December 29, 2017

FLORIDA DEPARTMENT OF STATE

OLSON & ASSOCIATES OF NW FLORIDA, INC. Division of Corporations

42 BUSINESS CENTRE DRIVE

SUITE 101

MIRAMAR BEACH, FL 32550

SUBJECT: OLSON & ASSOCIATES OF NW FLORIDA, INC.

REF: F0100065657

No received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet. The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

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Cheryl R. McNair
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Olson & Associates of NW Florida, Inc.

DOCUMENT NUMBER: P01000085657

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott M. Campbell

Name of Contact Person

Clark Partington

Firm/ Company

4100 Legendary Drive, Suite 200

Address

Destin, FL 32541

City/ State and Zip Code

scampbell@clarkpartington.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Campbell

at (850)

650-3304

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

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Articles of Amendment
to
Articles of Incorporation
of

Olson & Associates of NW Florida, Inc.

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

P01000085657

(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:

Miramar Capital Group, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

42 Business Centre Drive

Suite 101

Miramar Beach, FL 32550

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 Business Centre Drive

Suite 101

Miramar Beach, FL 32550

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Scott M. Campbell

4100 Legendary Drive, Suite 200

(Florida street address)

New Registered Office Address:

Destin

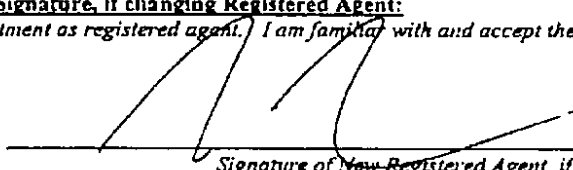
(City)

Florida 32541

(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

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Richard Olson</u>	<u>4300 Legendary Drive</u>
<input type="checkbox"/> Add			<u>Suite 234</u>
<input checked="" type="checkbox"/> Remove			<u>Destin, FL 32541</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>Sandra Phillips</u>	<u>42 Business Centre Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 101</u>
<input type="checkbox"/> Remove			<u>Miramar Beach, FL 32550</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Ryan Phillips</u>	<u>42 Business Centre Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 101</u>
<input type="checkbox"/> Remove			<u>Miramar Beach, FL 32550</u>
4) <input type="checkbox"/> Change	<u>S/T</u>	<u>Bobbi Ann Roe</u>	<u>42 Business Centre Drive</u>
<input checked="" type="checkbox"/> Add			<u>Suite 101</u>
<input type="checkbox"/> Remove			<u>Miramar Beach, FL 32550</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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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 not be listed as the document's effective date on the Department of State's records.

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):

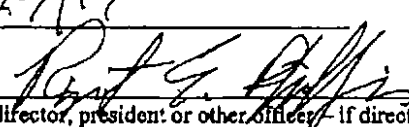
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

- ☒ 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 12/27/17

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)

Rupert E. Phillips
(Typed or printed name of person signing)

Director

(Title of person signing)