PD1000091082

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(Ad	ldress)				
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09/02/14--01058--008 **35.00

Amend 10.14

COVER LETTER

Division of Corporations NAME OF CORPORATION: Bizer Investments, Inc. DOCUMENT NUMBER: P01000091082 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

John R. Cummins, Esq.	
Name of Contact Person	
Bingham Greenebaum Doll LLP	
Firm/ Company	
101 S. Fifth Street, Suite 3500	
Address	
Louisville, KY 40202	
City/ State and Zip Code	

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

For further information concerning this matter, please call:

John R. Cummins, Esq.

Name of Contact Person

at (502) 587-3602

Area Code & Daytime Telephone Number

□\$52.50 Filing Fee

Certificate of Status

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

TO: Amendment Section

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is

Certified Copy (Additional Copy

enclosed) 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



Bizer Investments, Inc.				179 St.
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)		_
P0100091082				
(Document Nun	nber of Corporation (if l	known)		_
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fi	orida Profit Corporatio	n adopts the following	ng amendment(s) to
A. If amending name, enter the new name of	f the corporation:			
				The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional com		
B. Enter new principal office address, if app	dicable:	879 Dover St	reet	
(Principal office address MUST BE A STREE		Boca Raton, I	FL 33487	_
				_
C. Enter new mailing address, if applicable				_
(Mailing address MAY BE A POST OFFIC				-
				_
				_
D. If amending the registered agent and/or r	egistered office addres	s in Florida, enter the	name of the	
new registered agent and/or the new regis	stered office address:			
Name of New Registered Agent Lyr	nn J. Bizer Del	/larco		
879	9 Dover Street			
	(Florida street	,	<u> </u>	
New Registered Office Address:	ca Raton	, Flor	_{ida_} 33487	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	ng Registered Agent:			
I hereby accept the appointment as registered a	gent. I am familiar wit	h-and accept the obligat	ions of the position.	
f W. V. Signatur	of New Registered Age	TOMOUC ent, if changing	<u>e</u>	

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 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	D	Ellen B. Bizer	1500 S. Ocean Blvd
Add			Apt 1504
Remove			Boca Raton, FL 33432
[]			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
$\overline{\Box}$			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

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an amendment p	provides for an excl	hange, reclassific	ation, or cancel	lation of issue	d shares,	
if not applica	plementing the ame able, indicate N/A)	ename <u>nt 11 not co</u>	intained in the a	imena <u>me</u> nt its	seii:	
	,					
117111		<u> </u>				
NIA						
10174						
10/74						
1072			<u> </u>			
10/74						
10774						
10/24						

date this document was signed.	adoption:	, ii other than ti
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	8/29/2014 // N/ 2/2014 Onla Co	
(By	director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	pinted fiduciary by that fiduciary)	
	Lynn J. Bizer DeMarco	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	