P02000017744

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(1RM 4-15-15

	•	COVER LETTER	Ç	2	
TO: Amendment Sect Division of Corpo			:#1 		AT ADD
NAME OF CORPOR	RATION: A SOUND	DECISION INC	· ·÷	<u> </u>	
DOCUMENT NUME	BER: P0200001774	4			
	of Amendment and fee are su			31715 69.56	ר ז
Please return all corres	spondence concerning this ma	tter to the following:	,,,		
	NATALIE S MOC	RE			
		Name of Contact Perso	n		
	A SOUND DECIS	SION INC			
		Firm/ Company			
	125 W KLOSTEF	RMAN RD			
		Address			
	TARPON SPRIN	GS/FL 34689			
		City/ State and Zip Cod	le		
nat	@asounddecision E-mail address: (to be us	1.COM sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:	,		
NATALIE S N	MOORE	at (727	, 789-1121 EXT	102	
Name o	of Contact Person		ode & Daytime Telephone Nu	mber	-
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)		
<u>Mail</u>	ling Address	<u>Street</u>	Address		
	ndment Section	Amend	lment Section		
	sion of Corporations Box 6327		on of Corporations Building		
	hassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

	Articles of Am to Articles of Inco of		15 APF
A SOUND DECISION INC			(A) :
	s currently filed with the Flo	rida Dept, of State)	
P02000017744			
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		77
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corporation	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:	N/A	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	<u>icable:</u> OFFICE BOX)	N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name of	<u>the</u>
Name of New Registered Agent			
New Registered Office Address:	(Florida stree	, Florida	
	(Ciry)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	<mark>hanging Registered Agent:</mark> vered agent. I am familiar wi	th and accept the obligations of t	he position.
Si	gnature of New Registered Ag	ent, 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 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	DPT	MOORE, NATALIE S 76%	125 W KLOSTERMAN RD
Add			TARPON SPRINGS, FL
Remove			34689
2) Change	DVPS	MOORE, TERRY L 24%	125 W KLOSTERMAN RD
Add			TARPON SPRINGS, FL
Remove	,		34689
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			
i i Kemove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	zejsj nere.			
N/A					
	 				
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F. If an amendment provides for an excl	anga radlassifi	cation or a	sancellation (of issued shar	*06
provisions for implementing the ame	ndment if not c	ontained in	the amenda	nent itself:	<u>usi</u>
(if not applicable, indicate N/A)					
Shareholder percentages have of	changed:				<u>.</u>
President 76% Natalie S Moore					
Vice President 24% Terry L Mod	ore				
The state of the s					
	· · · · · · · · · · · · · · · · · · ·				····

The date of each amendment(s) adoption: date this document was signed.	if other than the
Effective date if applicable: 04/01/15	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ıt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east 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 sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_04/01/15	
13 AO: 5	
Signature (By a director, president or other officer – if directors or officers have not been	<u></u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
NATALIE S MOORE	
(Typed or printed name of person signing)	
DPT	
(Title of person signing)	