## Poacoo 78522

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Certified Copies	_ Certificates	s of Status
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MAY 1 9 2017
T. LEMIEUX

## COVER LETTER

Division of Corporations Licorporated DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **₹35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

## Articles of Amendment to

Articles of Incorporation

<u> </u>	of	
_ Barrefrot Acc	courting T	nonpolated
(Name of Corporati	on as currently filed with the Fl	orida Dept. ol State)
POZ	0000725	<b>2</b> フ
. (Docum	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 607, 1006, Florida	Statutes, this Florida Profit Con	poration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
Proposit annua	his DA	
name must be distinguishable and contain the word	d "corporation" "company," o	The new r "incorporated" or the abbreviation
"Carp.," "Inc.," or Co.," or the designation "Corp., word "chartered." "professional association." or the	" "Inc," or "Co". A profession	nal corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address MUST BE A STREET ADD		
Principal office datases MUST BE A STREET ADD	<u></u> (で)2.)	
C. Enter new mailing address, if applicable:	***	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered to</li> </ol>		er 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 Regi	elarad Amania	
hereby accept the appointment as registered agent. I	am familiar with and accept the	obligations of the position
_	•	
	•	•
Signa	iture of New Registered Agent, if c	changing

Page 1 of 4

TALLAHASSEE, FLORIDA

address of each Officer and/or Director being added: Active the active and the extra ordinary access of the office title:

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 that Described Presidents. Proceedings of the DESC. held. President, Treaswer, 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 John Doe  $\underline{X}$  Remove <u>v</u> Mike Jones X Add <u>sv</u> Sally Smith Type of Action (Check One) Title Name Address 1) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 2) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_\_ Add .... Remove 4) \_\_\_\_ Change \_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Page 2 of 4

\_\_ Add \_\_ Remove

6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
The FEI/EIN Number should be	2
03-0431797	
It is on line incorrectly as	
04-0341797	
Can you change that in the sys	km?
·	
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)	

. The date of each smendment(s) adoptio	11 4 25 17 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 of document's effective date on the Department	ces not meet the applicable statutory filing requirements, this date will not be listed as the mt of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted to by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment( $s$ ) t for approval.	
	by the shareholders through voting groups. The following statement of oting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	, m	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 4/2	5)17	
Signature	Dragon Cet	
(By a director	president or other officer - if directors or officers have not been	
selectes, by an appointed fidu	funcorporator - kin the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	JoHagan Cet	
(Typed or printed name of person signing)		
	Kresident	
	(Title of person signing)	