PD2000014132

(Re	equestor's Name)		
(Ac	ldress)		
(Address)			
(Cil	ty/State/Zip/Phone	= #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Üse Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ANJO OF SKYLAKE, INC.				
DOCUMENT NUMBER:	P02000074132				
The enclosed Articles of Amendmen	nt and fee are submitted for filing.				
Please return all correspondence con	cerning this matter to the following:				
Thomas Anthony Guerriero					
	Name of Contact Person				
	Anjo of Skylake, Inc.				
	Firm/ Company				
_	10 Fairway Drive, Suite 302				
	Address Doorfield Booch El 22441				
	Deerfield Beach, FL 33441 City/ State and Zip Code				
E-mail a	tg@oxfordcityfc.com ddress: (to be used for future annual report notification)				
5	aniess (to so used to fatale dillinal report notification)				
For further information concerning t	nis matter, please call:				
Thomas Anthony Guerriero at 617 501-6766					
Name of Contact Per					
Enclosed is a check for the following	g amount made payable to the Florida Department of State:				
-	Filing Fee & Status Sta				
Mailing Address Amendment Section	Street Address Amendment Section				
Division of Corpor	rations Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

ANJO OF SKYLAKE, INC.

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

P02000074132

(Document Number of Corporation (if known)

ent(s) to

me must be distinguishable and contain the word "corpe Corp.," "Inc.," or Co" or the designation "Corp," "Inc,	' or "Co". A professional corporation name mus
ord "chartered," "professional association," or the abbrevia	ttion "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10 FAIRWAY DRIVE
(mutting datatess MAT BE A FOST OFFICE BOX)	SUITE 302
	DEERFIELD BEACH, FL 33441
If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ad	dress:
Name of New Registered Agent	THONY GUERRIERO
10 FAIRWAY	DRIVE, SUITE 302
•	ida street address)
New Registered Office Address: DEERFIEL	D BEACH . Florida 33441
	(City) (Zip Code)

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
I) Change	Р	ARTEMIK, ANGELA K	550 SKYLAKE DR.
Add			WEST PALM BEACH,
Remove			FL 33415
2) Change	S	ARTEMIK, JOHN M	550 SKYLAKE DR.
Add			WEST PALM BEACH,
Remove			FL 33415
3) Change	Р	GUERRIERO, THOMAS A	10 FAIRWAY DR. STE 302
Add			DEERFIELD BEACH,
Remove			FL 33441
4) Change	S	LOVERA, DIANA P	10 FAIRWAY DR. STE 302
Add			DEERFIELD BEACH,
Remove			FL 33441
5) Change		·	·
Add Remove			
6) Change			·
Add			
Remove			

	(Be specific)
	
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
in amendment provides for an excheovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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rovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

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)	
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 10/20/2014	
Dated	
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)	
THOMAS ANTHONY GUERRIERO	<u> </u>
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	