P03000094748

(Rec	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Some Change

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION:	xur Consultants, Inc.	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Honb A344 Ris Act C Arishor E-mail address: (to be us) Torcia Lowerd	Name of Contact Person On Sultants, Firm/ Company Sten Terrace Address City/ State and Zip Code Code Code for future annual report notification) Area Code & Daytime Telephone Number	SEURETÁRY OF ST STORE OF STANKE
Name of Contact Person	Area Code & Daytime Telephone Number	SHOLLVED.
Enclosed is a check for the following amount made p \$35 Filing Fee \$ Certificate of Status	payable to the Florida Department of State: \$\Begin{align*} \$\\$43.75\$ Filing Fee & \$\Begin{align*} \$\\$52.50\$ Filing Fee & Certified Copy & Certificate of Status (Additional copy is enclosed) & (Additional Copy is enclosed)	9 85
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)		
P03000094748	8		
(Document Nur	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this Florida Profit Corporation adopts the follow	ring ame	ndment(s)
A. If amending name, enter the new name of the corporation and must be distinguishable and contain the word "corporation" or Co.," or the designation "Corp.," "Inc.," or "Cochartered," "professional association," or the abbreviation	on, "company," or "incorporated" or the abbrevia	The ation "Co ain the	rn
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)			_
		20	 ::: ::::::::::::::::::::::::::::::
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FEB 1	
		_ 	
		<u> </u>	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ldress:	ŗ.	ATE NTIONS
Name of New Registered Agent		_	
(Flor	rida street address)		
New Registered Office Address:	(City) , Florida	o Code)	
icw Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position	-	
Signature of N	New Registered Agent, if changing		
Theck if applicable The amendment(s) is/are being filed pursuant to s. 607.0120			

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	PT	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	SV	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change			 	
Add				
Remove				
2) Change	.		 	
Add				
Remove 3) Change			 	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change			 	
Add		-		
Remove				

ach <i>additional si</i>	ding additional Art heets, if necessary).	(Be specific)			
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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, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	r action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st 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)	
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver; toustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u>reny</u>
President	
(Title of person signing)	