## P03000157858

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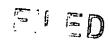
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CRES of TAMPA	BAY, INC.	
DOCUMENT NUME	P03000157858		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lisa Burford		
		Name of Contact Persor	<u> </u>
	CRES of TAMPA BAY, INC	<b>3</b> .	
		Firm/ Company	
	7916 Evolutions Way, Suite	210	
		Address	
	Trinity, FL 34655		
		City/ State and Zip Code	2
lburfe	ord@bhhsflpg.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Lisa Burford		at ( 727	312-4240
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	r 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



CRES of TAMPA BAY, INC.	2019 MAY -9 PM 12: 51
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P03000157858	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	)
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, 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	AS	Graham, Carol H	3055 Woodbine Ave SE	
Add			Warren, OH 44484	
X Remove				
2) Change	AS	Burford, Lisa	11733 Callisia Drive	
x Add			Odessa, FL 33556	
Remove				
3) X Change	ST	Mitchell, D. Dewey	10147 Sorenstam Drive	
Add			Trinity, FL 34655	
Remove				
4) Change				
Add				
Remove				
5) Change	_			
Add				
Remove				
6) Change				
Add				
Remove				

· · · · · · · · · · · · · · · · · · ·	ticles, enter change(s) here: (Be specific)
	·
<del></del>	
<del></del>	
	<del>-</del>
-	<del></del>
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	<del></del>
(if not applicable, indicate N/A)	

The date of each amendmendate this document was signed		, if other than the
-	April 25, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
April Dated	25, 2019	
Dated	11. 1 P 1/4.	
Signature _		
	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	uπ
	Allen S. Crumbley	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	