## PO4000017167

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	-
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to			
Articles of Incorpo	oration		2
of			٠. '
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<i>+</i>	of	_	TOPES IS
<u> </u>		Anco Fric.	3 110
(Name of Corporat	ion as currently filed with th	e Florida Dept. of State	) "1 9. <sub>1.</sub>
	P04000C	<u> 217167                                   </u>	
(Docu	ment Number of Corporation (	if known)	
Pursuant to the provisions of section 607.1006. Florid its Articles of Incorporation:	a Statutes, this Florida Profit	Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional	incorporated" or the abb corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u> )		
			<del>.</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	23.5		
(Mulling dudress MAT BE A FOST OF FICE BO	<u></u> _		
	<del></del>		
D. If amending the registered agent and/or registe	red office address in Florida	, enter the name of the	
new registered agent and/or the new registered			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	Lam familiar with and accept	the obligations of the po	sition.
Sion	ature of New Registered Agem	t, if changing	
,	· ··· / · · · · · · · · · · · · · · · ·	уулгала	
Check if applicable			

 $<sup>\</sup>Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Doe</u>	
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	T	MARY Ann Brown	9942 CR44 Leoshurg FL 34788
Add			Lusshung FL 34788
Remove			
2) Change			<del> </del>
Add			
Remove Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			· _

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

.

The date of each amendment(s) addate this document was signed.	option: JANUANS 37-2020, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adoraction was not required.	sted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by	<u> </u>
	(voting group)
Dated/ Signapure	27/20
_scloeted.	tor: president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)
_	CRAST DEROWN
	(Typed or printed name of person signing)
	Hoen t

(Title of person signing)