P04000070388

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SECRETARY OF STATE

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C. LEWIS
NOV 2 1 2013
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	,					
SCHOOL						
DOCUMENT NUMBER: P040000703	of Corporation 388					
The enclosed Amendment and fee are subm	itted for filing.					
Please return all correspondence concerning	this matter to the following:					
Carlos Ballbe						
Name of Contact Person						
Development Consulting G	roup, Inc.					
Firm/Company						
P.O. Box 70488						
Address	007					
Fort Lauderdale, FL 33	307					
carlos@dcghome.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matt	er, please call:					
Carlos Ballbe	at (954) 491 7811					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amour	nt:					
\$35.00 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)					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

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Articles of Amendment to Articles of Incorporation of 13 NOV 18 AM 10: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEVELOPMENT CONSULTING GROUP, INC.

(Name of Corporation as currently filed with the F	lorida Dept. of State)
P04000070388	
(Document Number of Corporation (if	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ballbe & Associates, Inc.	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "c word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2737 NE 30TH PLACE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT LAUDERDALE, FL33306
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Muning dutiess MAT BE ATOST OFFICE BOA)	
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address:	<u>i</u>
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
Signature of New Registered A	Igent, 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	PT	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	nes		
<u>X</u> Add	<u>sv</u>	Sally Sn			
Type of Action (Check One)	<u>Title</u>		Name		<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					

. <u>If ame</u> (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	additional sheets, if necessary). The specific)
N/A	
Ifana	mandmant provides for an evaluate madessification, or cancellation of issued charge
nrovi	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
()	f not applicable, indicate N/A)
N/A	
	

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The date of each amendment(s) ad	loption;		3 NUV 18	AM 10: 51, than the		
date this document was signed.		SE TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Effective date if applicable:	(no more than 90 d	ays after amendment file date)				
Adoption of Amendment(s)	(<u>CHECK ONE</u>)					
☐ The amendment(s) was/were ado by the shareholders was/were sur		mber of votes cast for the amer	ndment(s)			
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders throug each voting group entitled to vote					
"The number of votes cast	for the amendment(s) was/were so	afficient for approval				
by	(voting group)					
	(voting group)					
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors wit	hout shareholder action and sh	areholder			
The amendment(s) was/were ado action was not required.	pted by the incorporators without	shareholder action and shareho	older			
Dated	11/14/2013	_				
Signature						
selected	rector, president or other officer. I, by an incorporator – if in the had officer in the had officery by that fiduciary)	 if directors or officers have needed of a receiver, trustee, or ot 	ot been her court			
	CARLOS J. BA	LLBE				
•	(Typed or print	ed name of person signing)				
	PRESIDENT					

(Title of person signing)