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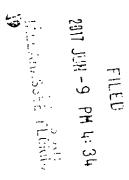
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C. GOLDEN
JUN 1 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ROBERTS FINAN	CIAL INC	
DOCUMENT NUMBE	R: P04000113884		
	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	ENIFER BISHOP		
_		Name of Contact Person	1
_		Firm/ Company	
3	37 S. PLANT AVENUE		
_		Address	
! 	AMPA.FL 33606		
		City/ State and Zip Code	2
RICK@	RSCPA.NET		
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	e call:	
JENIFER BISHOP		at (225-1040
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:
S35 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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

0017 889 - 9 PM to 34

		2811 JUN = 3 - 1 11 41 54
(<u>Name o</u> P04000113884	of Corporation as currer	ntly filed with the Florida Dept, of State
·	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		337 S. PLANT AVE.
		TAMPA, FL 33606
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		337 S. PLANT AVE.
		TAMPA, FL 33606
D. If amending the registered agent an new registered agent and/or the new		dress in Floridg, enter the name of the
	HAMILED DIGUOD	
	JENIFER BISHOP	
Name of New Registered Agent	337 S. PLANT AVE.	
	337 S. PLANT AVE.	street address)
	337 S. PLANT AVE.	street address) . Florida 33606

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; CEQ = 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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	PAUL ROBERTS	1016 CARRIAGE PARK DR.	
Add			VALRICO,FL 33594	
X Remove				
2) Change	P	JENIFER BISHOP	337 S. PLANT AVE.	
X Add			TAMPA, FL 33606	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)	
		
···	 	
		
		
,		
		
	h de di	
provisions 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)		
уд нагаррасанс, такше (4/21)		
лу пов аррасамс, наисие хул)		
уу ног аррисалс, тансас (угл)		
у на аррисале, такие (ул.)		
у ил аррисале, такие (ул)		
у ил аррисале, такие (ул.)		
у ил аррисале, такае (ул)		
(у то аррисале, тапсие (ул.)		
уу ил аррисалс, тасше хүл)		
у ил аррисале, такие (ул.)		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(n	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as the stecords.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendment(s) oval.
	areholders through voting groups. <i>The following statement</i> supplementally on the amendment(s):
"The number of votes cast for the amendm	ent(s) was/were sufficient for approval
by	
(voting	group)
The amendment(s) was/were adopted by the boar action was not required.	rd of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and shareholder
Dated	20/17
Signature Genifer	n Bishow
(By affirector, presiden	it or other officer – if directors or officers have not been rator – if in the hands of a receiver, trustee, or other court
JENNIFER BIS	SHOP
(Тур	ped or printed name of person signing)
PRESIDENT	
	(Title of person signing)