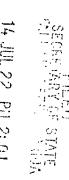
(Re	questor's Name)	
———(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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AUG 0 5 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SIU Centr	al Inc.	
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jeff Sweat		
		Name of Contact Person	1
	SIU Central Inc		•
		Firm/ Company	
	175 West Broad	dway St.	
		Address	
	Oviedo, FL. 327	765	
		City/ State and Zip Cod	e
ief	f@siucentral.cor	n	
<u> 1011</u>		sed for future annual report	notification)
	((,
For further informatio	n concerning this matter, pleas	se call:	
Jeff Sweat		407	402-7834
	of Contact Person	at (at (de & Daytime Telephone Number
rame.	or Contact I croon	Aica Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Mai	iling Address	Street	Address
	endment Section		lment Section
	ision of Corporations		on of Corporations
	. Box 6327 ahassee FL 32314		Building
1 211	anassee, F1, 57,514	2661 H	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SIU Central Inc.

14 JUL 22 PH 2: 01

Sio Central Inc.	3 T G v/ m - bu v/ m
(Name of Corporation as currently filed wi	ith the Florida Dept. of State)
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation ac," 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 ADDRESS</u>	Σ)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	·lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Naw Desistand Agent) a Cianatura (Cabarata Paris	A A goods
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	a Agent: familiar with and accept the obligations of the position.
	
Signature of New Reg	vistered Avent 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.

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	<u>V·</u>	Shannon Fetherman	175 West Broadway
Add			Oviedo Fl 32765
Remove			
2) Change			
Add			
Remove			
3) Change	-		
Add			
Remove			-,_
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

	ets, if necessary).					
SHANNON	FETHEMAN	HAS	Resyned	AL	vice	Pies: Dent
			v			
						
						
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14		•		-		
	·					
f an amendment pro	ovides for an excha	nge recla	ssification or can	cellation	of issued sl	19 res
<u>provisions for imple</u>	ementing the amend	lment if n	ot contained in th	e amend	ment itself:	
(if not applicable	e, indicate N/A)					
		_				
_						
· -		_				

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:	7-17-2014.	
	7-17-2014. (no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	17.2014	
sélected	rector, 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 ed fiduciary by that fiduciary)	_
	Teffery M. SweAT (Typed or printed name of person signing)	_
	Prestile Time (Title of person signing)	_
	(Title of person digining)	