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(Re	questor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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10/02/15--01010--020 **70.00





COVER LETTER

TO: Amendment Section Division of Corporations ADVI NAME OF CORPORATION: DOCUMENT NUMBER: 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: S35 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 enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

Articles of	of
CT CApital Advisors	s, Inc
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
<u> </u>	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u> ,
n.)	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," oword "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
•	Florida 33064
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent.	
Name of New Registered Agent	N/A
	1
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	
Signature of Ne	w 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		w/A
X Remove	Y	Mike Jones		' 1
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3)Change				
Add				
Remove				
4) Change		_	·	
Add				
Remove				
5) Change				•
Add				
Remove				
6) Change				<u> </u>
Add				
Remove				

(Attach additional sheets, if necessar	y). (Be specifi	hange(s) here:	. '	NH	
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					·
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A)	mendment if no	sification, or car ot contained in th	ncellation of is ne amendment	sued shares, itself:	

			,		

The date of each amendment(s) adoption:date this document was signed.	NA, if other that
Effective date <u>if applicable</u> :	
	nan 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed a
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	s through voting groups. The following statement do vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Voting group)	
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 9/29/15	
Signature_	(Dad Och
(By a director, president or other	officer - if directors or officers have not been
selected, by an incorporator – if i appointed fiduciary by that fiduci	in the hands of a receiver, trustee, or other court iary)
	delibus Ited name of person signing)
N.FD	
(T	itle of person signing)

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