## P05.000084484

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Treasury	Street Corporation
DOCUMENT NUMBER: P05000084484	<b>I</b>
The enclosed Articles of Amendment and i	
Please return all correspondence concerning	g this matter to the following:
Channel St Clair	
	Name of Contact Person
Treasury Street Corp	poration
	Firm/ Company
34 Treasury Street	•
	Address
St Augustine, FL 32	084
	City/ State and Zip Code
jerseygirl53@yahoo.com	
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat William M McCarthy, CPA	
<u> </u>	at (904 ) 342-0682  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
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

## Articles of Amendment to Articles of Incorporation of

**Treasury Street Corporation** (Name of Corporation as currently filed with the Florida Dept. of State) P05000084484 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: William M McCarthy, CPA Name of New Registered Agent 214 San Marco Ave., Ste 2 (Florida street address) Saint Augustine

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

## 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>	Name	<u>Addres</u> s			
1) Change	PT	Robert M St Clair	34 Treasury St			
Add			Saint Augustine, Fl 32084			
X Remove						
2) Change	PT	Channel St Clair	34 Treasury St			
X Add		,	Saint Augustine, FL 32084			
Remove						
3) Change						
Add						
Remove			<del></del>			
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove			• ·			
6) Change						
Add						
Remove						

I/A	ional sheets, if necess	sary). (Be specif	ic)		
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If an amend	ment provides for a	n exchange, recla	ssification, or canc	ellation of issued shar	es,
provisions 1	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	ment provides for a for implementing th applicable, indicate N	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions 1	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc ot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc	ellation of issued shar amendment itself:	es.
provisions ( (if not a	for implementing th	e amendment if n	ssification, or cancot contained in the	ellation of issued shar amendment itself:	es,
provisions (if not a	for implementing th	e amendment if n	ssification, or canc	ellation of issued shar amendment itself:	es,

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
08/23/2016	
Effective date if applicable:	ifter amendment file date)
(no more man >o aays a	jet amenanen jue aarej
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voice must be separately provided for each voting group entitled to vote separately provided for each vo	
"The number of votes cast for the amendment(s) was/were suffic	ent for approval
by	."
(voting group)	<del></del>
<ul> <li>□ The amendment(s) was/were adopted by the board of directors without action was not required.</li> <li>□ The amendment(s) was/were adopted by the incorporators without sharaction was not required.</li> </ul>	
08/23/2016	
Dated	iù
(By a director, president or other officer – if a selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Channel St Clair Chanel	
(Typed or printed name of	person signing)
President Chanel	St. Clair
(Title of perso	n signing)