P05000099003

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)	, -		
(Ci	ty/State/Zip/Phone a	()		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name	e)		
(Do	ocument Number)			
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				





000261236380

06/16/14--01008--020 **35.00

14 JUN 15 PH 4: 02

C. LEWIS 20 2014

UN 30 2014

EXASTRIBLER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROBERT GARY O'KELLY, INC.					
DOCUMENT NUMBER:	P0500009	9003			
The enclosed Articles of Amen	dment and fee are sul	bmitted for filing.			
Please return all correspondence	e concerning this mat	tter to the following:			
	DOM	IENIC CALICCH	IIA		
	Name of Contact Person				
PR	PROFESSIONAL ACCOUNTING SERVICES				
		Firm/ Company			
	1520 BOTTLEBRUSH DR. NE				
		Address			
	PALN	/I BAY, FL 3290)5		
		City/ State and Zip Code	:		
E-range For further information concern		sed for future annual report	notification)		
		at ()		
Name of Contac	et Person	Area Co)de & Daytime Telephone Number		
Enclosed is a check for the foll	owing amount made				
_	43.75 Filing Fee & ertificate 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 Ade Amendment Division of G P.O. Box 63: Tallahassee	Section Corporations 27	Amend Divisio Clifton	Address ment Section n of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

ROBERT GARY O'KELLY, INC.

14 JUN 15 PH 4: 03

ROBERT GART OREL	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P05000099003	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6150 INGALLS ST.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MELBOURNE
	FL 32940
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6150 INGALLS ST.
	MELBOURNE
	FL 32940
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
6150 INGALLS	SST.
(Florida s	treet address)
New Registered Office Address: MELBOURNE	, Florida 32940
(Cit	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Signature of New Registered	l 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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	n <u>es</u>	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	ROBERT G. O'KELLY	6150 INGALLS ST.
Add				MELBOURNE
Remove				FL 32940
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Lange		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)	nere.		
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	·
				
			<u>-</u>	
				
				
			<u> </u>	
				
				·
	<u></u>			
				
If an amendment provides for an exch provisions for implementing the ame	nange, reclassificati	on, or cancellation	of issued shares ment itself:	ı
(if not applicable, indicate N/A)				
		-		

The date of each amendment(s) adoption:	JUNE 4, 2014	PAL SEGRETAR) DIVISION OF C	OF STATE	, if other than the
date this document was signed. Effective date if applicable:		14 JUN 16	PM 4: 03	
	(no more than 90 day:	afier amendment	file date)	
Adoption of Amendment(s) (CF	IECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		per of votes cast for	the amendment(s)	
The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	ndment(s) was/were suff	icient for approval		
by	ting group)		••	
(vo	ting group)			
The amendment(s) was/were adopted by the action was not required.	board of directors witho	ut shareholder acti	on and shareholder	
The amendment(s) was/were adopted by the action was not required.	incorporators without sh	areholder action ar	nd shareholder	
Dated JUNE 4, 201	4			
Dated	A. OKOK			
Signature(By a director, pres	ident or other officer	directors or office	rs have not been	
selected, by an inc appointed fiduciar	orporator – if in the hand	ls of a receiver, tru	stee, or other court	
appointed fiduciar	y by mat nuderary;			
RO	BERT G. O'KELLY	,		
	(Typed or printed	name of person si	gning)	
PR	ESIDENT			
	(Title of	person signing)		