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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Torikade, Inc. DOCUMENT NUMBER: P05000135251 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suzy Allan Name of Contact Person Clifford R. Rhoades, P.A. Firm/ Company 2141 Lakeview Drive Address Sebring, FL 33870 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Suzv Allan Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to **Articles of Incorporation**

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Torikade, Inc.	ATTHE STATE	
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
P05000135251	·*·a	
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	1405 S. St. Cloud Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Valrico, FL 33594	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2141 Lakeview Drive	
(Mulling undress MAT BE A FOST OFFICE BOX)	Sebring, FL 33870	
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address	<u>:</u>	
Name of New Registered Agent Clifford R. Rhoad	Clifford R. Rhoades, P.A.	
2141 Lakevie		
(Florida str. New Registered Office Address:	reet address) , Florida_33870	

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent - tam familiar w sccept 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PS	DENNIS J. MAST	5130 ABC RD., LOT 96
Add			LAKE WALES, FL 33859
Remove			
2) Change	DPST	DEBORAH C. MAST	1405 S. ST. CLOUD AVE.
Add			VALRICO, FL 33594
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			_
Remove			
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Please change Principal Address.
Please Change mailing Address.
Please change the Registered Agent.
Please remove Dennis Mast as P.S.
Dennis mast is deceased.
Please change Deborah Mast to D.P.S.T.
1 1010C 51 151 15 50 151 15 51
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
(if not applicable, malcate 1414)

The date of each amendment(s) adoption:		
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes cast for the amendment(s) fficient 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted 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 A DV	ember 20, 2014	
Signature (By a di	rector, president or other officer – if directors or officers have not been	<del></del>
selected	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Deborah Hast	
·	(Typed or printed name of person signing)	<del></del> -
	Gresident	
	(Title of person signing)	<del></del>