

PO6000044802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

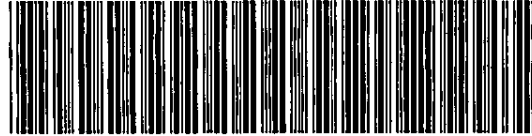
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -4 PM 2:23

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APR 07 2016

C. CARROTHERS

CHEMICALS
INDUSTRIAL
SUPPLIES
GENERAL
MERCHANDISE

BA BRA-HAMMER VENTURES, INC.

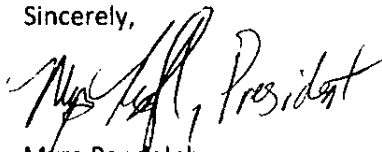
March 31, 2016

Cathy A. Carrothers
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Per our conversation earlier today, I am re-submitting the corrected form of Amendment without the fee, which was previously submitted.

Per your request, attached, you will find a copy of the cover letter, which was address to me included in this package. Thank you so much for your assistance in this matter it is greatly appreciated. Please feel free to contact me at (904) 476-0303, should you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Myra Randolph, President".

Myra Randolph
President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2016

MYRA RANDOLP
BRA-HAMMER VENTURES, INC
1675 RYAR ROAD
JACKSONVILLE, FL 32216

SUBJECT: BRA-HAMMER VENTURES INC
Ref. Number: P06000044802

We have received your document for BRA-HAMMER VENTURES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CANNOT FILE THE CORRECTION FORM FOR A ANNUAL REPORT,

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 516A00005925

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bra-Hammer Ventures, Inc.

Name of Corporation

DOCUMENT NUMBER: P06000044802

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Myra Randolph

Name of Contact Person

Bra-Hammer Ventures, Inc.

Firm/Company

1675 Ryar Road

Address

Jacksonville, FL 32216

City/State and Zip Code

myrarandolph@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Randolph

Name of Contact Person

at (**904**) **476-0303**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified 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

Articles of Amendment
to
Articles of Incorporation
of

Bra-Hammer Ventures, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P06000044802

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

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**)

P. O. Box 5485

Jacksonville, FL 32247

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:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida

(City)

(Zip Code)

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

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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>Laurie Randolph</u>	<u>1675 Ryar Road</u>
<u> </u> Add			<u>Jacksonville, FL 32216</u>
<u>X</u> Remove			
2) <u>X</u> Change	<u>PT</u>	<u>Myra Randolph</u>	<u>1675 Ryar Road</u>
<u> </u> Add			<u>Jacksonville, FL 32216</u>
<u> </u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

March 4, 2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

March 4, 2016

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for 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)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

March 30, 2016

Dated _____

Signature _____

Myra Randolph, President

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Myra Randolph

(Typed or printed name of person signing)

President

(Title of person signing)