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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend Ch8

APR 13 2017

COVER LETTER

TO: Amendment Section

Division of Corporations GEORGIA NICOLE, P.A. 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: Georgia Janus Name of Contact Person Georgia Janas, P.A. Firm/ Company 216 Beach Drive NE Address St. Petersburg, FL 33701 City/ State and Zip Code hstarrealty Egmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Georgia Janas Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 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** Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

	Articles of Ar	mendment	
	to Articles of Inco	ornaration	•
	of	o. por ación	
GEORGIA NICOLE, P.A.			
(Name	of Corporation as currently	y filed with the Florida Dept, of State	75 13
P06000056009			W. 2 2
	(Document Number of	'Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	ollowing amendinent(s) to
A. If amending name, enter the new na	ame of the corporation:		The same
GEORGIA JANAS, P.A.			T he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "(Co". A professional corporation name	the abbreviation.
B. Enter new principal office address,	if applicable:	216 Beach Drive NE	
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 33701	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		216 Beach Drive NE St. Petersburg, FL. 33701	
D. If amending the registered agent ar new registered agent and/or the ne			
Name of New Registered Agent	Name of New Registered Agent Georgia Jaras		
	216 Beach Drive NE		
	(Florida stre	eet address)	
New Registered Office Address:	St. Petersburg	Florida 3	3701
	1	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			sition.
	Signature of New Ri	egistered 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 Do	<u>e</u>		
X Remove		¥	Mike Jo	n¢s		
<u>_X</u> Add		<u>sv</u>	Sally Sn	<u>iith</u>		
Type of Act (Check One	<u>ion</u>)	Title		Name		<u>Addres</u> s
1) <u>x</u> Cha	ange	PSTD	_	Georgia Janas		216 Beach Drive NE
Ad	ld					St. Petersburg, FL 33701
Re	move					
2) Cha	ange		منيد		<u>.</u>	***
Ad	ld					
Re	move					
3) Ch	nange		_			
Ad	ld					
Re	move					
4) Cha	ange		_			
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5) Cha	ange	 -	_			
Ad	d					
Re	move					
6) Cha	ange		_	···		
Ad	d					
Rei	move					

	ding additional Arti heets, if necessary).	(Be specific)				
					10-20-	
				<u></u>		
		_			·	
·· <u> </u>						_
						
						
						. —
f an amendment	provides for an exch	nange, reclassifi	cation, or cancel	ation of issued s	hares,	
(if not applied	ble, indicate N/A)	nament it not co	ontained at the 4	menument usen.	•	
••					····	
				\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) as date this document was signed.	option:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient 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	or the amendment(s) was/were sufficient for approval
by	.n
	(voting group)
☐ The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder
Dated	30/2017
X Signature	usy Varul Janal
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court and diduction by that fiduction)
	Georgia Janas
	(Typed or printed name of person signing)
	PSTD
	(Title of person signing)