# POG0000 83876

Office Use Only



500334939875

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OCT 1 8 2019 S. YOUNG

# COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALLBRIGHT MA	ANAGEMENT PROFESSI	ONALS, INC.			
DOCUMENT NUM	BER: P06000083876					
The enclosed Articles	s of Amendment and fee are st	ibmitted for filing.				
Please return all corre	espondence concerning this ma	atter to the following:				
	Processing Department					
	Name of Contact Person					
	My Corporation Business Services, Inc.					
	Firm/ Company					
	26025 Mureau Rd. Ste 120					
	Address					
	Calabasas, CA 91302					
	City/ State and Zip Code					
		·				
	E-mail address: (to be u	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Processing Departme	ent		6926772			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				
Tal	lahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

### Articles of Amendment

to

## Articles of Incorporation

 $\mathbf{of}$ 

### ALLBRIGHT MANAGEMENT PROFESSIONALS, INC.

(Name of Corporation as currently t	iled with the Florida Dept. of State)		
P06000083876			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this FT its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing ar	nendme
A. If amending name, enter the new name of the corporation:			
AMPRO, INC.		TI	ie new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.	". A professional corporation name	the abbre	eviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
		72	<del>-</del> <del>- </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		≥:	£;``
	-	₹.:	
		1 <u>12.7</u> ht 1	<u> </u>
			_===
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	FLORIDA	ڻ
new registered agent and/or the new registered office address:		DA	į.
Name of New Registered Agent			
(Florida street	address)		
New Registered Office Address:	, Florida		
(C	iŋ)	(Zip Code	g)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the pos	ition.	
Signature of New Reg	istered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. To 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 CV Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<i>5)</i> Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Att	amending or adding additional Articles, enter change(s) here:  ach additional sheets, if necessary). (Be specific)
<del></del> .	
<del></del>	
'. <u>If a</u> Di	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
<u> </u>	

The date of each amendment(s) adoption:	, if other th
date this document was signed.	
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 applica document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thrown must be separately provided for each voting group entitled to v	
"The number of votes east for the amendment(s) was/were	• •
by	,,,
(voting group)	
The amendment(s) was/were adopted by the board of directors vaction was not required.	
☐ The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
Dated 9/25/19	
Signature	my D
	er – if irectors or officers have not been
appointed fiduciary by that fiduciary)	hand of a receiver, trustee, or other court
Francis Murray	
(Typed or printed n	ame of person signing)
President	
(Title o	(nerson signing)