Poucod 33865

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MAY 1 0 2018 T. LEMBEUX



COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	AATION: <u>Wi</u>	llianzw	, Inc
DOCUMENT NUMB	BER: 20(0	000133	865
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	YVON WILL ZU Ve	Name of Contact Person Firm/ Company Address Address City/ State and Zip Cod NOTARIES	Inc Avenue FL 32966
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)
Wonne o	e Washaba of Contact Person	at () Area Co	321-7722 ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 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
Tallahassee, FL 32314

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Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Li Dilliam Ju), loc. "
(Name of Corporation as currently	filed with the Florida De Bid Shire)-8 P # 80
70000	0133865 Secretary of the
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	·
A. If amending name, enter the new name of the corporation:	
TRI-COUNTY NOTARIES I	TALC The same
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	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2630 51 ST AVE VERO BEACH, FL 32966
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	
Name of New Registered Agent / VOIVNE	WH SHADAUGA
<u>2630 51</u> (Florida stree	WASHABAUGH AT AVE, VERO BEACH, FC 1 address) 32966
New Registered Office Address: SAME 95	ABOUE, Florida

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 D	<u>oe</u>	•
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
_X Add	SV Sally S	mith	
Type of Action (Check One)	Title	Name /	<u>Addres</u> s
1) Khange	PRES	YVONNE WASHABA	UGH 2630 51AHAVE VERO BEACH, FL
Add			VERO BEACH, FL
Remove	·		32964
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Ar (Attach additional sheets, if necessary)	. (Be specific)	

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. If an amendment provides for an exc provisions for implementing the an (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself;	
10/11		
		THE STATE OF THE S

The date of each amendment(s) adoption:	, if other than the
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 applicable statutory filing req document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the acceptance.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required.	nd shareholder
Dated May 2, 2018	
Signatura Washabaugh	
(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, true	
appointed fiduciary by that fiduciary)	
1/10000 11/00	ba banab
(Typed or printed name of person signing)	ma Daug 17
Prosidon	+
(Title of nerson cioning)	`