## P07000056047

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CORNERS	TONE GROUP C	ONSULTING, INC			
DOCUMENT NUM	DOZODORRO		<u>.</u>			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ELSON SOTO, J	R.				
	Name of Contact Person CORNERSTONE GROUP CONSULTING, INC.					
-	Firm/ Company 7951 SW SIXTH STREET					
	Address PLANTATION, FL 33324					
		City/ State and Zip Cod	e			
For further information	E-mail address: (to be used to be	sed for future annual report	notification)			
ELSON SOT	O, JR.	at (954				
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## CORNERSTONE GROUP CONSULTING, INC

14 DEC -5 PM 4: 05

(Name of Corporation as currently filed with the Florida Dept. of State) P07000056047 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CORNERSTONE GROUP ADVISORS, INC. 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Citv) (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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Namo</u>	<u>Ad frac</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			•	
Remove				
. D				
5) Change		_		
Add Remove			•	V-11/2-11/2-11/2-11/2-11/2-11/2-11/2-11/
Keniove				
6) Change		_		
Add			•	
Remove				

(Attach additional sheets, if necessary).	(Be specific)
I/A	
<del></del>	
. ,,	
<del></del>	
	<u> </u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	

· ·	•	SECRETARY OF STATE	
The date of each amendment(s) adop	otion:		, if other than the
date this document was signed.  Effective date if applicable:		14 DEC -5 PM 4: 05	
Effective date <u>n apparatie</u> .	(no more than 90 days after		_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of cient for approval.	votes cast for the amendment(s)	
	ved by the shareholders through voting ch voting group entitled to vote separate		
"The number of votes cast for	the amendment(s) was/were sufficient	for approval	
by		,,,	
	(voting group)		
action was not required.	ed by the board of directors without sha		
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareho	lder action and shareholder	
Dated NOVEMB	ER 17, 2014		
Signature		<del>-                                     </del>	<u>—</u>
selected,	ctor, president or other officer – if direct by an incorporator – if in the hands of a fiduciary by that fiduciary)		
E	LSON SOTO, JR		
_	(Typed or printed name	of person signing)	_
P	RESIDENT / DIRECTOR		
<del></del>	(Title of persor	signing)	<del>_</del>