

PD7000056590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
14 SEP 29 AM 8:43
OF THE COMMONWEALTH OF MASSACHUSETTS

Amend
@ 10.8.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLEOBIRD, INC

DOCUMENT NUMBER: P07000056590

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nick Wilmot

Name of Contact Person

Debbie's Accounting Service, Inc

Firm/ Company

3575 Southside Blvd

Address

Jacksonville, FL 32216

City/ State and Zip Code

tomcrego@aol.com

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

For further information concerning this matter, please call:

Nick Wilmot

Name of Contact Person

at (904)

733-4547

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 AM 8:43

CLEOBIRD, INC

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

P07000056590

(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:

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)

6999-02 Merrill Rd., Suite 225

Jacksonville, FL 32277

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6999-02 Merrill Rd., Suite 225

Jacksonville, FL 32277

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

Rayven M Perkins

6999-02 Merrill Rd., Suite 225

(Florida street address)

New Registered Office Address:

Jacksonville

(City)

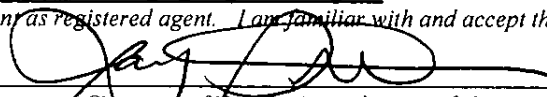
Florida

32277

(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

(Attach additional sheets, if necessary)

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.

Example:

<input checked="" type="checkbox"/> Add	SV	Sally Smith
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Address

225 RAINBOW DRIVE

#12558

LIVINGSTON, TX 77399

6999-02 Merrill Rd.

Suite 225

Jacksonville, FL 32277

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

11-11-1982

10. *Journal of the American Statistical Association*, 1997, 92, 1003-1010.

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

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

Removing Edward Perkins as Vice President and changing all addresses to

6999-02 Merrill Rd., Suite 225 Jacksonville, FL 32277

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)

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)

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

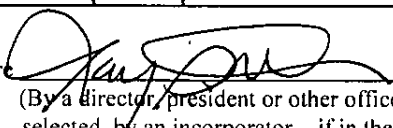
by _____."
(voting group)

☐ 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.

Dated 9/24/14

Signature


(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)

RAYVEN PERKINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)