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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Della Porta Financial Advisors, INC.
DOCUMENT NUMBER: 26 - 2604816
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Della Porta Financial Advisors, Inc.  Firm/ Company  7807 Baymeadows Rd E # 301  Address  Jacksonville, FL 32256  City/ State and Zip Code
Vaellaporta @ dellaporta group Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Veronica M. Della Porta at (904) 646-0310  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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations  P.O. Bay 6227  Clifton Building

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

	a thrancial F				
	Corporation as currently f				
	26 – 260 48 16 (Document Number of C	PU8000	00642	<u>/</u>	
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Fl</i>	orida Profit Corporatio	on adopts the fo	ollowing amend	ment(s) to
A. If amending name, enter the new nar	ne of the corporation:				
					iew
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	uion "Corp," "Inc." or "Ce	)". A professional cor	orporated" or poration name	the abbrevial must contain	ion the
B. Enter new principal office address, it (Principal office address MUST BE A ST					_
(Principal Aggree also to a second	·			20 C	_
			<u>.</u>	<u> </u>	
C. Francisco Wine address if applie	nubla:			2	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C		-		MA E	- 553 - 553
·				~ <b>£</b> 2	-
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				·	<del>_</del>
D. If amending the registered agent and new registered agent and/or the new	registered office address:				
Name of New Registered Agent	Veronica M.	Della Porta			
	Veronica M. 1807 Baymes (Florida stree	dows Rd	E #30	1	
	Jacksonvi			22256	
New Registered Office Address:		City)	, Florida_	(Zip Code)	_
				,	
New Registered Agent's Signature, if ch	nanging Registered Agent:		et Calina		
hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the oblig	ations of the pe	SHION.	
POIA	iia War	Parta			
		gistered Agent, if chang	ging		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_D_	Ronald C. Della Porta	
Add Remove			Ponte Vedra Bch, FL 32082
2) Change	STD	Barbara M. Leonard	1807 Baymeadows Rd E Suite 301
Remove 3) Change Add	ST	Edwina L. Della Porta	Jacksonville, Fl 32256 105 Deer Cove Drive Porte Vedra Beach, Fo
Remove 4) Change Add Remove			32087
5) Change Add Remove			
Change Add Remove	<del>.</del>		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· -	
<del></del>	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	November 1, 2018  (no more than 90 days after amendment file date	
<del></del>	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blidocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the anticient for approval.	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for a	roved by the shareholders through voting groups. The following arch voting group entitled to vote separately on the amendment	ing statement ent(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	··	
,	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shar	eholder
Dated\{	Duonico Ul Schath	
7	DOLANGE MIL SO HOTE.	
Signature (By a di	rector, president or other officer – if directors or officers have	e not been
selected	I, by an incorporator - if in the hands of a receiver, trustee, or	r other court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	