P080000 14849

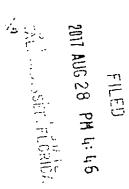
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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C. GOLDEN AUG 3 0 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: John Adams MBA	A PB	
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corresp	pondence concerning this ma	atter to the following:	
	John Adams		
-		Name of Contact Perso	n
	John Adams MBA		
-		Firm/ Company	
	8661 NW 24th Street		
-		Address	
	Sunrise , FL 33322		
-	-	City/ State and Zip Cod	e
iamba	pb@att.net		
	. •	sed for future annual report	notification)
		······································	
For further information	concerning this matter, pleas	se call:	
John Adams		954	548-9283
Name o	f Contact Person	Area Co	548-9283 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

JOHN ADAMS MBA-PB, INC.

2017 AUG 28 PH 4: 46

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P08000014849	TALLAHASSEE, FLORIDA NA
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "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: (Muiling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	
Name of New Registered Agent	
(Florid	ida street address)
New Registered Office Address:	. Florida
	(Ciţy) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent.—I am fami	gent: iliar with and accept the obligations of the position
Signature of N	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.

X Change	<u>PT</u> <u>John</u>	ı Doe	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Presiden	Nicholas Adams	8661 NW 24th Street
Add			Sunrise, FL 33322
Remove			
2) Change	РТ	John Adams	8661 NW 24th Street
Add			Sunrise, FL 33322
XX Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· 	
	
<u></u>	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(1)	
	
	
	

The date of each amendment(s) ac date this document was signed.	loption:, if other the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action 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 shareholder
Dated S/15/2017 Signature (B) a di	rector, president or other officer – if directors or officers have not been
selected	d. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	John Adams
	(Typed or printed name of person signing)