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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION:XA/er
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Cockeell Name of Contact Person
Firm/ Company
329 44 Ave 5
St Petersburg FL 33701 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Cocket at (\$13) 786-4446 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;
\$35 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
	 -
(Document Number of	of Corporation (if known)
`	•
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
Afficies of incorporation.	
If amending name, enter the new name of the corporation:	
$\mathcal{N}_{\mathcal{A}}$	The new
arne must be distinguishable and contain the word "corporation	on," "company," or "incorporated" or the abbreviation
Corp.," "Inc.," or $Co.$," or the designation "Corp," "Inc," or "ord" chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
and the latest processories association, or the association	11/4
Enter new principal office address, if applicable:	_ <i>N</i> /A
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	FS .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/4 Ac 3
	The results of the re
	Par 1
If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered AgentN	
Name of New Registered Agem	
	treet address)
(Florida si	
(Florida si New Registered Office Address:	, Florida
·	, Florida (Zip Code)
·	
New Registered Office Address:	(City) (Zip Code)
New Registered Office Address: ew Registered Agent's Signature, if changing Registered Agen	(City) (Zip Code)
New Registered Office Address:	(City) (Zip Code)
New Registered Office Address: Bw Registered Agent's Signature, if changing Registered Agen	(City) (Zip Code)

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>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address ,
l) Change		Jennifer Kennedy	329 4# Ave 5
X_ Add		,	St Petersburg
Remove			FL 33701
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

f amending or addin Attach additional shee	ts, if necessary).	(Be specific)	· 		
NA					
					
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	:d				
an amendment prov rovisions for implem	nenting the amen	dment if not contain	n, or cancellanon o	t issued snares. ent itself:	
(if not applicable,	indicate N/A)				
NA					
-1-					
		<u>_</u>	 	. <u> </u>	
		-	<u>_</u>		
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	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : /V/-	•
Effective date if applicable: /V/F (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
(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)	
Robert Cockiell (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	