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SECRETARY OF STATIONS
AVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HFLUITT & ASSOICATES, INC							
DOCUMENT NUMBER: PO90001031163							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Herb	ert W. Fluitt, Jr						
	Name of Contact Person						
HFL	HFLUITT & ASSOCIATES, INC						
		Firm/ Company					
203 1	Driftwood Drive						
4.1., 1	Address						
Palm	Palm Harbor, FL 34683						
************		City/ State and Zip Code	>				
herb@hfluittandassociates.com E-mail address: (to be used for future annual report notification)							
For further information cond	cerning this matter, pleas	e call:					
Herb Fluitt Jr		at (⁷²⁷	539 7115				
Name of Con	ntact Person	Area Co	de & 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)				
P.O. Box 6327 Clifton Buildi Tallahassee, FL 32314 2661 Executiv		ment Section n of Corporations					

Articles of Amendment to Articles of Incorporation of



HFLUITT & ASSOCIATES, INC

(Name o	f Corporation as currently filed with the Florid	a Dept. of State)
P09000103163		.2)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	ain the word "corporation," "company," or "i ation "Corp," "Inc," or "Co". A professional o tion," or the abbreviation "P.A."	
B. Enter new principal office address,	if annicable	
(Principal office address MUST BE A S		
		· · · · · · · · · · · · · · · · · · ·
		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
(Mulling uduress MAI DE A POSI	PETICE BUX	
	-	
	d/or registered office address in Florida, enter t	he name of the
new registered agent and/or the nev		
Name of New Registered Agent	Herb W Fluitt , Jr	
	203 Driftwood Drive ы	
	(Florida street address)	
New Registered Office Address:	Palm Harbor	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Agent:	
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obli	gations of the position.
	10-110- 11	2 Array
/ La	ter Walke Fle	ill J.
	Signature of New Registered Agent, if char	nging

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 <math>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>	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>	<u>Addres</u> s
1) Change	V	SHERRI L FLUITT	203 Driftwood Drive W
Add			Palm Harbor FL
X Remove			34683
2) Change	CFO	SHERRI L FLUITT	203 Driftwood Drive W
Add			Palm Harbor, FL
X Remove			34683
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	····		
Add			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Remove			

. •	OCTOBER 1, 2016	
The date of each amendment (date this document was signed.	s) adoption:	, if other than the
, , , , , , , , , , , , , , , , , , ,	OCTOBER 1, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendare sufficient for approval.	ment(s)
	e approved by the shareholders through voting groups. The following state of the shareholders approved by the shareholders through 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 action was not required.	e adopted by the board of directors without shareholder action and share	eholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and sharehold	ier
OCTO Dated Signature	Jeteton Walter Heist	
(B)	y a director, president or other officer - if directors or officers have not ected, by an incorporator - if in the hands of a receiver, trustee, or othe pointed fiduciary by that fiduciary)	
wp	HERBERT WALTER FLUITT, JR	
	(Typed or printed name of person signing)	
	PRESIDENT/CHIEF EXECUTIVE OFFICER	
	(Title of person signing)	