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DIVISION OF CORPORATIONS

JUN 08 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: AGT Law, P.A.				
DOCUMENT NUM	D10000005003				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	Antonio G. Tapia				
		Name of Contact Person	1		
	AGT Law, P.A.				
	Firm/ Company				
	500 North Maitland Avenue, Suite 100				
	Address				
	Maitland, FL 32751				
		City/ State and Zip Cod	e		
bus	siness@agtlawpa.com				
		sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:			
Antonio G. Tapia		at (801-2481		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)		
D P,.	mendment Section? ivision of Corporations O-Box 6327— allahassee FI 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

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

Articles of Amendment Articles of Incorporation

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

			•	<u></u>
	(Document Number o	f Corporation (if I	(nown)	30
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Co	rporation adopts the following a	men a
A. If amending name, enter the new na	me of the corporation:			(
N/A			T	ne ne
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or "	Co". A profession	or "incorporated" or the abbi	eviatio
B.>Enter new principal office address, i	if applicable:	500 North Ma	itland Avenue, Suite 100	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Maitland, FL 32751		
C.> Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		500 North Maitland Avenue, Suite 100		
		Maitland, FL 32751		
D. If amending the registered agent and	d/or registered office addr	ess in Florida, er	nter the name of the	
new registered agent and/or the new	Antonio G. Tapia, Esq.	<u>:</u>	(SAME AS PREVIOUS)	
Name of New Registered Agent	500 North Maitland Avenue, Suite 100		(NEW ADDRESS))	
	300 North Maitiana Avent	ic, Suite 100	C(incarypowegg);	
	Elouida um	ant arthropa)		
New Registered Office Address:	(Florida str.	eet address)	32751	

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	MACHANGOR	Address
1) Change	100 MANGED	OMORPHICAN III AND III
Add	· ·	
Remove		
2) Change		
Add		
Add		
3) Change		
, Add		
Remove	·	
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Characa		
6) Change		
Add	J .	
Remove		

E. If amending or adding (Attach additional sheet)	<u>t additional Artic</u> is, <i>if necessary)</i> ,	eles, enter change (Be specific)	e(s) nere:			
N/A			•			
			<u> </u>	and the second s		
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	<u> </u>					****
	. <u> </u>					
F. If an amendment prov	ides for an excha	inge, reclassifica	tion, or cancellat	ion of issued sha	ares,	
provisions for implen (if not applicable,	nenting the amen	dment if not con	tained in the am	endment itself:		
N/A	,					
		· · ·				

date this document was signed.	ilon:, il other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval
by	
•	(voting group)
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
DatedS 2	5/2017
Signature	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
An	tonio G. Tapia, Esq.
	(Typed or printed name of person signing)
Pre	sident
	(Title of person signing)