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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

		l l
NAME OF CORP	PORATION: Strateg	by And Execution Corporation
DOCUMENT NU	MBER:	00013266
The enclosed Artic	les of Amendment and fee a	re submitted for filing.
Please return all co	rrespondence concerning this	s matter to the following:
	Socrate E	ame of Contact Person
	Strategy And	d Execution Corporation Firm/Company
	3267 Fawn	Address
	OLOge FL	34761 ity/ State and Zip Code
	Socrate a M E-mail address: (to be used	County CFL. Com
	ation concerning this matter,	•
Socrate Name	of Contact Person	at (407 ) 252-3627 Area Code & Daytime Telephone Number
		nade payable to the Florida Department of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of And Execution Corpor (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: emoran Blvd. Suite-102 (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida\_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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Signature of 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) Type of Action Title <u>Name</u> Address 3267 Fawnwood DR Add Ococe FL 34761 Dr Remove Cassandra Exantus 5955 Providence crossing - M Add ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

4 ° •		i	11	
The date of each amendment	t(s) adoption:	3129	1110	
		(date of adopt	ion is req	uired)
Effective date if applicable:	(no more than 9	00 days after ame	ndment f	le date)
Adoption of Amendment(s)	(CH	IECK ONE)		
The amendment(s) was/we by the shareholders was/w			he numbe	er of votes cast for the amendment(s)
The amendment(s) was/we must be separately provide	ere approved by the ed for each voting	he shareholders the group entitled to	hrough vo o vote sep	ting groups. The following statemen arately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/we	ere suffic	ent for approval
by				<b>,</b> ,
	(voting group)			
The amendment(s) was/we action was not required.	ere adopted by the	e board of directo	ors withou	t shareholder action and shareholder
action was not required.		·	ithout sh	areholder action and shareholder
Dated	3/24/1	0	_	
			de_ icer_ifd	irectors or officers have not been
sel	ected, by an inco	rporator – if in th	e hands d	f a receiver, trustee, or other court
ap	pointed fiduciary	by that fiduciary	)	
	Soc	rate Ex	xant	\ <b>\</b>
	(T <sub>3</sub>	rate Ex	ame of pe	erson signing)
			,	
	<del>_</del>	resident	- / C	EO
	(Title o	of person signing	;) [	