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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION; ANCLOTE KEY CAPITAL ADVISORS, INC.

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIANNE GRABOWSKI

Name of Contact Person STONE, PARKER * & COMPANY, CPA, PA Firm/ Company

7512 RIDGE ROAD

Address

PORT RICHEY, FL 34668

City/ State and Zip Code

MARIANNE@STONEPARKERCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANNE GRABOWSKI	, 727	842-3180
Marrie 2011 and 10	at (_)
Name of Contact Person	Area Cod	e & 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	Certified Copy (Additional copy is	Certificate of Status Certified Copy	
			enclosed)	(Additional Copy	

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

ANCLOTE KEY CAPITAL ADVISORS, INC.

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

P10000048	1	93
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(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) 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. <u>Enter new principal office address, if appli</u> (Principal office address <u>MUST BE A STREET</u>	cable: "ADDRESS")		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		2229 HAY 14
 If amending the registered agent and/or reg new registered agent and/or the new registered. 	<u>gistered office address in Florida, ente</u> ered office address:	<u>r the name of the</u>	58
Name of New Registered Agent			
	(Florida street address)		
<u>New Registered Office Address:</u>	// [~] invi	Florida	
	(Ĉiņ)	(Zi,	n 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.

Signature of New Registered Agent, if changing

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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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 = ChiExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office herPresident, 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	RICHARD W JANAES	1059 POMME DE PIN LANE
Add X Remove			NEW PORT RICHEY, FL 34655
2) Change	T	KEITH D DUNN	3201 BLUFF BLVD
XAdd			HOLIDAY, FL 34691
Kemove 3.) Change	,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	·		
Add			
Remove			

(Maach aaaaamaa	sheets, if necessary).	(Re-snecific)	<u>ere</u> :		
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nrovisions for im	provides for an exchang plementing the amendr	ge, reclassification, o	or cancellation of issu	<u>ed shares,</u>	
(if not applica	ble, indicate N/A)	neur ir not containe	i in the amendment r	<u>iself:</u>	
			<u></u> .		<u> </u>
	<u> </u>		· · _	· · · · · · · · · · · · · · · · · · ·	
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Der	ocument was signed. JANUARY 1, 2020
Effective	date <u>if applicable</u> :
Note: If a document	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
Adoption	of Amendment(s) (<u>CHECK ONE</u>)
□ The am action v	endment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder was not required.
The am	endment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) shareholders was/were sufficient for approval.
The am	endment(s) was/were approved by the shareholders through voting groups. The following statement separately provided for each voting group entitled to vote separately on the amendment(s):
	he number of votes cast for the amendment(s) was/were sufficient for approval
bv	
·	(voting group)
	MAY 1, 2020
	Dated
	SignatureKill
	(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)
	KEITH D DUNN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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