P10000067642

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Ever H Financial Services, Inc. DOCUMENT NUMBER: P10000067642
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Everett Financial Services I her
17404 2hd SJ. E. Address
Redington Shores FL 33708 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James P. Everett Jr. at (727) 452-6844 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:
S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

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Everett Financial Service	ces I man - 3 5" 2:10
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1000006764	12
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	17404 2nd SI. E.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Redington Choses Fl 33708
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)	17404 2rd St. E.
	Redington Shores, FL 33708
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
17404 24d (Florida street)	SÍ. E.
New Registered Office Address: Redinter	City), Florida 33708 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
~ ,	

heck if applicable

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

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)

Example:

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	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	e Jones		
_X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) X Change	PD	James P.	Evenett, Jr.	17404 2nd SI.E.
Add				Rediglas Slow, FL 33708
Remove				
2) Change				
Add				
Remove 3) Change			····	
Add				
Remove				
4) Change				
Add				
Remove				
) Change				
Add				
Remove				
Change				
Add				
Remove				

Attach addi	g or adding additional A tional sheets, if necessary). (Be specific)			
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lf an amen	dment provides for an ex s for implementing the a	change, reclassifi	cation, or cancell	ation of issued sha	<u>res.</u>
(if not	applicable, indicate N/A)	nendment if not c	ontained in the ai	menament itseit:	
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame	endment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast!	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature (By a di- selected	rector, president or other officer—If directors or officers have a by an incorporator—if in the hands of a receiver, trustee, or old fiduciary by that fiduciary)	
	James P. Euret Jr. (Typed or printed name of person signing)	
	Prisident and Director (Title of person signing)	· · · · · · · · · · · · · · · · · · ·