## P11000018881

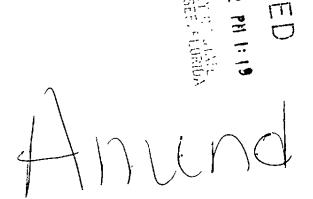
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



400305182334

11/02/17--91025--005 \*\*35.00



NOV - 6 2017 I ALBRITTON

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Stetson Capital Inv	estments Inc			
DOCUMENT NUMBI	ER: P11000018881				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
J	olm Stetson				
Name of Contact Person					
S	tetson Capital Investments I	ne			
<del>-</del>		Firm/ Company			
2	300 E Las Olas Blvd, 4th Fi	oor			
	<del></del> -	Address			
F	ort Lauderdale FL 33301				
		City/ State and Zip Code	•		
stetson	.john@gmail.com				
	• • =	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
John Stetson		561 at (	351-3777		
Name of	Contact Person	at (561 ) 351-3777  Area Code & 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

ne must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation; "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain. d "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS.)  . Fort Lauderdale FL 33301  Enter new mailing address, if applicable: 2300 E Las Olas Blvd  4th Floor  Fort Lauderdale FL 33301  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  (Florida street address)  New Registered Office Address: (City)  (City)		Amendment
stant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation:  If amending name, enter the new name of the corporation:  The menust be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Let." or Co." or the designation "Corp." "hec." or "Co". A professional corporation name must contain d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or the new 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  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)		o ecorporation
stant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation:  If amending name, enter the new name of the corporation:  The menust be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Let." or Co." or the designation "Corp." "hec." or "Co". A professional corporation name must contain d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or the new 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  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)		S ALLEGA
suant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amend viricles of Incorporation:  If amending name, enter the new name of the corporation:  The memory of the distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation, "or "the," or "Co". A professional corporation name must contain d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS (Mailing address MAYBE A POST OFFICE BOX)  Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)  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  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	(Name of Corporation as curren	tly filed with the Florida Dept. of State)
stant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation:  If amending name, enter the new name of the corporation:  The menust be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Let." or Co." or the designation "Corp." "hec." or "Co". A professional corporation name must contain d'chartered, "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or the new 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  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	00018881	30
If amending name, enter the new name of the corporation:  The must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "p.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain d "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS   2500 E Las Olas Blvd    ### Hoor  ### Fort Landerdale FL 33301  ### Enter new mailing address, if applicable:    Mailing address MAY BE A POST OFFICE BOX   2300 E Las Olas Blvd    #### 4th Floor    Fort Landerdale FL 33301    ### 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   Florida     If brida street address   Florida     If City   IZip Code	(Document Number	of Corporation (if known)
The must be distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation; "Inc.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain I "chartered." "professional association." or the abbreviation "P.A."  Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)  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  If Divida sweet address  New Registered Office Address:  (City)  Florida  (City)  (Zip Code)	·	s Florida Profit Corporation adopts the following amendment
e must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation, "." "Inc.," or "Co.". A professional corporation name must contain. I "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS 1  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  4th Floor  Fort Lauderdale FL 33301  f 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  (Florida street address)  New Registered Office Address:  (City)  (City Code)  Registered Agent's Signature, if changing Registered Agent:	amending name, enter the new name of the corporation:	
Ath Floor  Fort Lauderdale FL 33301  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  4th Floor  Fort Lauderdale FL 33301  4th Floor  Fort Lauderdale FL 33301  f 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  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  Registered Agent's Signature, if changing Registered Agent:	o.," "Inc.," or Co.," or the designation "Corp," "Inc." or	"Co". A professional corporation name must contain the "P.A." $% \label{eq:contain} % \begin{subarray}{ll} \end{subarray} % \begin{subarray}{ll} $
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  4th Floor  Fort Lauderdale FL 33301  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  (Florida street address)  New Registered Office Address:  (City)  Registered Agent's Signature, if changing Registered Agent:		2300 E Las Olas Blvd
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  4th Floor  Fort Lauderdale FL 33301  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  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)	aput office uturess <u>brest be A STREET ADDRESS</u> (	4th Floor
Mailing address   MAY BE A POST OFFICE BOX    4th Floor   5   Fort Lauderdale FL   33301		Fort Landerdale FL 33301
Fort Lauderdale FL 33301		2300 E Las Olas Blvd
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		4th Floor
Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Registered Agent's Signature, if changing Registered Agent:		Fort Lauderdale FL 33301
(Florida street address)  New Registered Office Address:	w registered agent and/or the new registered office addre-	
New Registered Office Address:	Name by New Registerea Agem	
w Registered Agent's Signature, if changing Registered Agent:	tFlorida s	rect address)
	New Registered Office Address:	
reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		

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.

Example: X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	<u>ies</u>	
X Add	<u>SV</u>	Saily Sm	aith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		<del></del> .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

				-		
				-		
						-
	_					
•						
			-			
				<del></del>		
If an amendment provides for an exchange	e, reclassificati	ion, or can	cellation of	issued share	<u>"S.</u>	
provisions for implementing the amendment	<u>ent if not cont</u>	ained in th	e amendmo	ent itself:		
(if not applicable, indicate N/A)						
		-				

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department 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 adopted by the shareholders. The number of votes east for the ame by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	g statement Us):
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and slaction was not required.	nareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharel action was not required.	older
Dated October 31, 2017	
Signature  (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or eappointed tiduciary by that fiduciary)	
John Stutson (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

. . . .