· · ·	
PIODO.	34471
(Requestor's Name) (Address)	500265535655
(Address) (City/State/Zip/Phone #)	500205555555
(Business Entity Name)	50026555555 10/20/1401033001 ***43.75
(Document Number) ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	DIVISION OF CORPORATIONS 14 OCT 20 PH 1:52
Coffice Use Only	
	C.Lewis 11-3-14

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATIO	IN: SIGNATO	VCH	CORPORATION	
DOCUMENT NUMBER:	FED TAX ID#	45	1545897	

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

Please return all correspondence concerning this matter to the following:

Name of Contact Perso	on				
SILVER SURF 10 CORPORA	Tian	SILVER	SURF	10	CORPORATI
Firm/ Company		<u>_</u>	-		
4963 SW 915 WAY					
Address			-		
GAINESVILLE, FLORIDA	32608				
City/ State and Zip Co	de		-		

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

For further information concerning this matter, please call:

ROBERT YANCEY

Name of Contact Person

at (<u>352</u>) <u>219-4734</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

. 13.75 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

	s of Amendment to	FILL SLORETARY DIVISION OF CO	LU OF STATE DRPORATIONS
SIGNATOVCH CORPORA	of Incorporation of 77 UN	14 OCT 20	PM 1:52
(Name of Corporation as currently filed with	the Florida Dept. of State	<u>;</u> )	
FED TAX 1D: 45-154589	7 P110000	34471	
(Document Number of Corporation	tion (if known)	<u></u>	
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	, this <i>Florida Profit Corpo</i>	<i>ration</i> adopts the following	g amendment(s)

to

## A. If amending name, enter the new name of the corporation:

SILVERSURF 10 CORPORATION	The ne
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	No change
Principal office address <u>MUST BE A STREET ADDRESS</u> )	4963 SW 9155 WAY
	GAINESULLE, FL 32608
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	no change

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	NO Chang	e ROBERT	YANCEY	I, JR., M.S	>_
-				-	, FL 32608
		(Florida street ac	(dress)		
<u>New Registered Office Address:</u>	no chi	anje		_, Florida	
		(Ciţv)			v Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

## 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 Y 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

Example: <u>X</u> Change	<u>PT John I</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
$\underline{X}$ Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
1) Change	DIRECTOR	RONGERWIG	INDIANAPOLIS, IN
Add Remove			
2) Change	PIRECTOR	ENSESIO COTORILLO	NEW SMYRNA BLACH, FL
Add Remove			,
3) Change	CHAIRMAN	MENTO SOPONIS	4730 SW 103 WAY
Add			GAINESVILLE, FL
Remove			32608
4) Change	DIRECTOR	JOEL APPELBAUM	5037 NW 65# LN
Add Remove			GAINESVILLE, FL 32653
5) Change	DIRECTOR	ROBERT YANGLY	4963 SW 9/25 WAY
Add			GAINESULLE, FL 3260B
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

N/A

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\_ . .\_ \_ .\_.. .

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 NA)

....



The date of each amendment(s) ad	option: N/A	FILL SECHETARY DIVISION OF CI	L OF STATE ORPORATIONS	, if other than the
date this document was signed. Effective date <u>if applicable</u> :	10/22/14	14 OCT 20	PM 1:52	
	(no more than	90 days after amendmet	nt file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were ado by the shareholders was/were su		ne number of votes east	for the amendment(s)	
The amendment(s) was/were app must be separately provided for				
	for the amendment(s) was/was/was/was/was/was/was/was/was/was/		al	
by	(voting group)			
The amendment(s) was/were ado action was not required.			ction and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators wi	thout shareholder action	and shareholder	
Dated 10	15/14 Refamey fr			
Signature	Refamery gr	MD		
(By a di selected	rector, president or other off l, by an incorporator – if in t ed fiduciary by that fiduciary	he hands of a receiver, t		-
	ROBERT W.	, YANCEY, JK	?., M.D.	
	(Typed or	printed name of person	signing)	

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DIRECTOR, FOUNDER

(Title of person signing)