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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Elling Officer	1
Special instructions to	Filing Officer.	

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SECRETARY OF STA

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Irion & Associates, Inc. DOCUMENT NUMBER: P11000051095 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Harry C. Irion Name of Contact Person Irion & Associates, Inc. Firm/ Company 11416 162nd PL N Address Jupiter, FL 3478 City/ State and Zip Code irionhc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 308-8973 Harry Irion Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	FILED	
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Irion & Associates, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) LLAMASSES, FLORIDA P11000051095

nent(s) to

(Document Number of C	orporation (if known)		ائم ت المحد
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	tatutes, this <i>Florida Pro</i>	fit Corporation adopts the folk	owing amendn
A. If amending name, enter the new name of the cor	oration:		
			The ne
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"Inc," or "Co". A pro	iny," or "incorporated" or the offessional corporation name m	ne abbrevialio nust contain ti
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		ida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
New Registerea Office Address.	(City)	Zip Code	?)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and acc	cept the obligations of the posit	ion.
Signature of New	Registered Agent, if cha	inging	

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.

X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PTD	Harry C. Irion	11416 162nd PL N
Add			Jupiter, FL 33478
Remove			
2) Change	<u>V</u>	Jeffrey A. Irion	202 Beachway Ave
X			New Smyrna Beach, FL 32169
Remove			
3) Change	S	Alyson L. Irion	11416 162nd PL N
X Add			Jupiter, FL 33478
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
As noted on page 2, amending Article VII to the following officers:
Harry C. Irion - PTD
Jeffrey A. Irion - V
Alyson L. Irion - S
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)
Shares to be issued in paper form in the following manner:
Harry C. Irion - 1020 shares
Jeffrey A. Irion - 490 shares
Alyson L. Irion - 490 shares

The date of each amendment(s) adoption: 2/28/2013		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 2/28/29	013	
Signature	462.	
(By a d	injector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Harry C. Irion	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	