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SECRETARY OF STATE
IALLAHASSEE, FLORIDA

posipor

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section **Amendment Section**

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation

	of		
Name of Corporation as cur	mdscapt	ne Florida Dept. of Stat	<u>e</u>)
P11000784.	59 umber of Corporation	on (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc.		es, this <i>Florida Profit C</i>	Corporation adopts the
A. If amending name, enter the new name Calabal Laun t The new name must be distinguishable	_andsc	coping Cop	"company," or
"incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."			
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			A G
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			11 NOV 15 PM 2: 01
D. If amending the registered agent and/or new registered agent and/or the new re			r the name of the
Name of New Registered Agent:			-
New Registered Office Address:	(Florid	la street address)	-
		(City)	, Florida(Zip Code)
New Registered Agent's Signature, if chan- I hereby accept the appointment as register position.			the obligations of the
_	Signature of New I	Registered Agent, if chan	ging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	ding or adding additional Art dditional sheets, if necessary).		
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provisio		change, reclassification, or cancelled and the am	

*The date of each amendment	
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,31
, <u> </u>	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_\(\)	(8/201)
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Title of person signing)