P120000 46873

(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:

Office Use Only



200331991402

08/07/19--01007--031 *+35.00

2019 AUG -7 PH 2: 3

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Moccker Consulting	ig, Inc	
DOCUMENT NUM	P12000046873		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michael Moecker		
	Moecker Consulting	Name of Contact Person	1
	Widecker Consuming	Firm/ Company	
	2233 Overlook Drive	, in Company	
		Address	
	Mt. Dora, FL 32757		
		City/ State and Zip Cod	c
miel	naelmoecker@reagan.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michael Moecker		at (701-8825
Name	of Contact Person		de & Daytime Telephone Numb
Englosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
/		□\$43.75 Filing Fee &	□\$52.50 Filing Fee
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Moecker Consulting	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P12000046873	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab-	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS) ₹
C. Enter new mailing address, if applicable:	SSC TO IS
(Mailing address MAY BE A POST OFFICE BOX)	
	—————————————————————————————————————
	ra —
	.
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	nce address:
Name of New Registered Agent	
<u></u>	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tored Astont
	um familiar with and accept the obligations of the position.
C: v	was of Nava Provintaged Assert if the arrive
Signatu	ure 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	е, ана за	uy Smun, Sv as an Aaa.				
X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	Address			
1) Change	S	Elaine R. Moecker	2233 Overlook Drive			
X Add			Mt. Dora, FL 32757			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add			·			
Remove						
Add						
Remov						
6) Change						
Add						
Remo						

f amending or adding add Attach additional sheets, if i	necessary). (Be spec	cific)			
				.	
		·			<u> </u>
	<u> </u>				
				<u>-</u> -	
- <u></u>					
		-			<u>-</u>
					-
			<u> </u>		
			· · · · · · · · · · · · · · · · · · ·		
					
f an amendment provides provisions for implement	for an exchange, rec	lassification, or car	ncellation of issued a	shares,	
(if not applicable, indi	icate N/A)	not contained in the	ne amendinent usen	<u>.</u>	
			 -		
				 ·	

The date of each amendment(s) a	doption:	, if other than t
date this document was signed.		
Effective date if applicable:	19/19	
Enterité date <u>in applicative</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) afficient 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.	open of the memporators without similarioner action and similarioner	
07/19/19 Dated		
Signature		
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Michael Moecker	
	(Typed or printed name of person signing)	
	Director - PRESIDENT	
	(Title of person signing)	

MOECKER CONSULTING, INC.

ACTION OF SHAREHOLDER and DIRECTOR

The undersigned, being the sole Shareholder and Director of MOECKER CONSULTING, INC. hereby consents to the following action:

RESOLVED THAT:

1.	The following are elected	to the office of the	Corporation se	et opposite	their n	ames
to serve in a	accordance with the Bylaws:					

Office Name

PRESIDENT MICHAEL MOECKER

SECRETARY ELAINE R. MOECKER

Dated this 10 Aday of 7019.