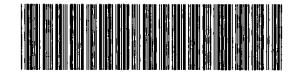
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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations Management, Inc. transportation The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anderson and Associates, P.A. 1339 West Colonial Drive Orlando, FL 32804 Address City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 to Articles of Incorporation

of the state of	4 —
(Name of Corporation as currently filed with the Flor	general Inc.
P12000080884	rea Dept, or State
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	De de
C. Fatan and mailing address if applicables	CRE & TO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	STOP I
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address: (City)	, Florida (Zip Code)
(City)	(εφ σους)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Ag	ent. 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 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Christopher Canady	1339 W. Colonial
Add Remove			Drive, Surfa B Orlando, FL 3280f
2) Change	T	Christopher Canady	1337 W. Colonias Drive Svite B
Remove 3)Change	T	Karl Anderson	Orlando, FL 3280 1339 W. Colonial Di Sute B
Add			Orlands, Fr 32804
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
 				
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If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:			
,				

5-2	1-13
The date of each amendment(s) adoption:	1 12
Effective date if applicable:	
(no more than	00 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
by	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder
Dated	
(By a director, president or other offi	cer – if directors or officers have not been the hands of a receiver, trustee, or other court
Karl H. A	Inderson name of person signing)

President (Title of person signing)