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SECRETARY OF STATE
TALLAHASSEE FINALE

C. LEINIS

AUG 1 & 2013

EXAMINIER

COVER LETTER

TO: Amendment Section Division of Corporations Best Capital Management Corp 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: Capital Management Lake Saxon Dr. E-mail address: (to be used for future annual report notification) 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 Fcc □\$43.75 Filing Fee & □\$43.75 Filing Fce & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment

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Articles of Inco	rporation	SEON - MITHU: 45
of	T,	ALL METARE DE CTIO
Best Capital Managen (Name of Corporation as currently filed with the Fl		SECRETARY OF STATE SLLAHASSEE, FLORIDA
PLA NOON	8317/0	
(Document Number of Corporation (if	(known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name of the corporation:	• ,	
NIA		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporat	ated" or the abbreviation ion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		e of the
Name of New Registered Agent	1/4	
(Florido str	eet address)	;
New Registered Office Address:	Florida_	
(City)	-	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	: with and accept the obligations	of the position.

Signature of New Registered Agent, if changing

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: PT John Doe X Change X Remove <u>V</u> Mike Jones X Add <u>\$V</u> Sally Smith Address Type of Action Title Name (Check One) CEO o Saxon Dr Change Add Remove Secretary Change Add Vice President William Weber Add Remove chief Financial William Weber Change Add Remove C 00 Joanne Weber __ Change Add Remove 6) ____ Change _ Add

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)

_ Remove

(Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
,	· ·
	<i>N/A</i>
	•
<u>lf a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares.
pr	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	1) / /
	<u> </u>
	<i>f</i> ;

The date of each amendment(s) adoption: _ SECRETARY OF STATE ALLAHASSEE, FLORIDA date this document was signed. Effective date if applicable: Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 _ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Title of person signing)