P120091390

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(Address)				
(Ado	dress)			
(City	//State/Zip/Phone	#)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: FOURTH DIMEN	SION SERVICES, INC.	· 	
DOCUMENT NUM	IBER: P12000091390			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	PAMELA LAFFEY KITCHI	NGS		
		Name of Contact Person	1	
	CORPORATE FINANCIAL	MANANGEMENT, INC.		
		Firm/ Company	<u></u>	
	229 LIGHTHOUSE CIR			
		Address		
	FERNANDINA BEACH, FL	. 32034		
		City/ State and Zip Cod	c	
PMI	LK@ATT.NET			
	_	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
PAMELA LAFFEY	KITCHINGS	904 at (277-8023	
Name of Contact Person Area Code & Daytime Telephone			de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	mendment Section vision of Corporations	Amendment Section Division of Corporations		
	O. Box 6327	Clifton	ı Building	
Ta	llahassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FOURTH DIMENSION SERVICES, INCORPORATED

(Name of	Corporation as curre	ntly filed with the Florida Dept. of	State)
P12000091390			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, th	is Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
CORPORATE FINANCIAL MANAGEM	MENT, INC.		The new
name must be distinguishable and conto "Corp" "Inc.," or Co.," or the designa word "chartered," "professional associati	ution "Corp," "Inc," or	"Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST		Not Applicable	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST Of the Mailing address of the New Registered Agent and Name of New Registered Agent	OFFICE BOX) Mor registered office ac		FILED AN 8: 10 SECURETARY OF STATE TALLAMASSEE, FLORIDA Sthe
	(Florida	street address)	
New Registered Office Address:		, FI	orida
		(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			the position.
	Signature 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, 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	<u>PT</u>	John Doe	NOT APPLICABLE	
X Remove	<u>v</u>	Mike Jones	1491 4014 1016 2010	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				
Remove				

Not Applicable	sheets, if necessary). (Be specific)			
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		<u>.</u>			
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nrovisions for it	provides for an examplementing the ar	cchange, reclassifica mendment if not cor	tained in the amen	dment itself:	
וו זטו בווטובנייט וע	able, indicate N/A)				
(if not applic					
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	OCTOBER 15, 2018	
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
OCT Effective date <u>if applicable</u> :	OBER 15, 2018	
Effective date it applicable.	(no more than 90 days after amendment file date)	<u>.</u>
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment fficient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	ılder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
OCTOBER Dated	15, 2018	
Signature //	unter The same of	<u> </u>
(By a d selecte	irector, president or other officer - if directors or officers have not be d, by an incorporator - if in the hands of a receiver, trustee, or other c ted fiduciary by that fiduciary)	en ourt
	MATTHEW E. LAFFEY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .