P12000100452

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SECRETARY OF STATE DIVISION OF CORPORATIONS

JAN 0 5 2016 C MCNAIK

COVER LETTER

O: Amendment Section Division of Corporations	ر م
DOCUMENT NUMBER: P12000100452 FEIJEIN NUMBER 46	_
the enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
CYNTHIA L. MURRAY Name of Contact Person	
Firm/ Company	
2922 W BAYSHORE CT. Address	
Address	
City/ State/and Zin Code	
City/ State/and Zip Code City/ State/and Zip Code City/ State/and Zip Code E-mail address: (to be used for future annual report notification)	`
· · · · · · · · · · · · · · · · · · ·	
or further information concerning this matter, please call:	
Name of Contact Person Area Code & Daytime Telephone Number	
inclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Mailing Address Street Address	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorp of	poration 945					
CYNTHIA L RI	CHAPA PA					
(Name of Corporation as currently f						
P12060100452	Also.					
(Document Number of Co	orporation (if known)					
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:						
_	PAY PA, The way					
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the 1."					
B. Enter new principal office address, if applicable:	2922 W. BAYSHORE CT TAMPA FL 33611					
(Principal office address MUST BE A STREET ADDRESS)	TAMON 6 33611					
	111114 12 03611					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE					
						
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:						
Name of New Registered Agent CYNTHIA	4 L. MURRAY					
2922 (Florida street	W BAYSHORE CT address)					
New Registered Office Address: (Ci	PA , Florida FL 3361, (Zip Code)					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	a and accept the obligations of the position.					
Signature of New Regi	stered 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:	,	y omin, or as an mai.	
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)	<u>Title</u>	Name	Address
1) Change		CYNTHIA L. RICH	FARDS 2408WJETPON
Add Remove			TAMPA & 33625
2)Change		CYNTHA L. MURRAY	1
X_{Add}			2922 W. BAYSHORE CT.
Remove			TAMPA Fr 33611
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)	
	* (
	NA	
		
		
f an amendmen	provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for i	nplementing the amendment if not contained in the amendment itself:	
(if not appli	cable, indicate N/A)	
	6.11	
	H/K	
	V'	
.		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/21/15	
Signature	
(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)	_
(Typed or printed name of person signing)	
(Title of person signing)	