P130000 46442

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13 SEP 25 AM 10: 25

C. LEWIS

OCT 2 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACMG, INCOMENT NUMBER: P13000046442	2	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
JAN MICHAEL MO	ORRIS. ESQ	
	Name of Contact Person	1
P. O. BOX 27615	Firm/ Company	
<u></u>	Address	
BOCA RATON, F	L 33427	
	City/ State and Zip Code	•
JAN@THEMORRISL	AWOFFICE.COM	И
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
JAN MICHAEL MORRIS	_{at (} 561	395-4195
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations	Amend	Address ment Section n of Corporations

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 Incorporation**

FILED

ACMG. INC)
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13 SEP 25 AM 10: 25

(Name of Corporation as currently filed with the Florida Dept. of State)

TE IDA

lment(s) to

P13000046442	TALLAHASSEE FLORI
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	The r
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviat "Co". A professional corporation name must contain
3. Enter new principal office address, if applicable:	7508 HIGH PINES CT
Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT RICHEY, FL 34668
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 276153
	BOCA RATON, FL
	33427
). If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
(Cit	
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>
hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New Registered	d 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		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>N</u> a	ume	<u>Addres</u> s
1) Change	VP		AVID SAVAGE	P. O. BOX 276153
Add				ORLANDO, FL 32801
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		····		
Add				
Remove				

t	amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
-		
_		
_		
-		
•		
•		
_		
	an amendment provides for an exchange, reclassification, or cancellation	of issued shares,
	provisions for implementing the amendment if not contained in the amend	ment itself:
	(if not applicable, indicate N/A)	
		·
_		

	(c) adoption: JULY 29, 2013		_
The date of each amendment date this document was signed	r(s) adobtion:	fig. if other than	the
date this document was signed	JULY 29, 2013	Design Company	
Effective date <u>if applicable</u> :	<u> </u>	mendment file date) SECOND AM 10: 25	
	(no more than 90 days after ar	mendment file date) SFTPUT	
		TALLAHASSEC STATE	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of voere sufficient for approval.	otes cast for the amendment(s)	
	re approved by the shareholders through voting great for each voting group entitled to vote separately		
"The number of votes	s cast for the amendment(s) was/were sufficient for	or approval	
by		,,,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors without sharel	holder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholde	er action and shareholder	
Dated	9/13/193		
Signature			
Se	Ya director, president or other officer—if director, beleeted, by an incorporator—if in the hands of a responded fiduciary by that fiduciary)		
	AARON CARTER		
	(Typed or printed name of	of person signing)	
	PRESIDENT		

(Title of person signing)