P/3000058415

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



000257778480

03/14/14--01005--008 **35.00

MC 03-14-14

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION:	Coton PA				
DOCUMENT NUMBER:	30 000 58 415				
The enclosed Articles of Amendment and fee are su	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mai	tter to the following:				
A(Name of Contact Person				
Name of Contact Person Al Co for					
Firm/Company 2207 Gleen Oake lu					
TAMA	Address City/ State and Zip Code				
	City/ State and Zip Code				
a/Coton ?	P769mg;/.Com ed for future annual report notification)				
E-mail address: (to be us	ed for future annual report notification)				
For further information concerning this matter, pleas	e call:				
Al Coton	at (8/3) 493-02/6 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made I	payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Al	Coton	PA	
of Corpora	tion as currently fil	ed with the	Florida Dept. of State)
	A13000	55	P 130000 58415
_			

		300005841	5	_
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this Flor	ida Profit Corporation add	opts the follow	ing amendment(s
A. If amending name, enter the new name of A / FRFD Co to name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	n PA. the word "corporation," "Corp," "Inc," or "Co".	A professional corporat	ated" or the ion name mus	The new abbreviation at contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			··· -	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				- 14 MM 14 등 전 4
D. If amending the registered agent and/or new registered agent and/or the new registered Agent Name of New Registered Agent	registered office address i istered office address:	n Florida, enter the name	of the	_: -59
	(Florida street ac	ldress)		
New Registered Office Address:	(City)	, Florida	(Zip Code)	_
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	i <mark>ng Registered Agent:</mark> agent. I am familiar with a	and accept the obligations	of 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 <math>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)	Title	Name		<u>Addres</u> s
1) Change	·····			
Add Remove				
2) Change			 	
Add Add				
Remove				
3) Change				
Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change		-		
Add				

	icles, enter change(s) here: (Be specific)
Mad 8 Processing Control of the Cont	

	MINORE
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
Signature M. A.	
(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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	
