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NOV 27 2013

R. WHITE

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: RALA	HE. TAYLOR P.A.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
KALF	Name of Contact Person	
RALPH E	Name of Contact Person INYCOR P.A.	
6706 7	Firm/Company ARK STRAND DR	
Apollo 2	Address SEACH, FL 33572 City/ State and Zip Code	
RTAYLOR59 E-mail address: (to be us	29 @ GMAIC - COM sed for future annual report notification)	
For further information concerning this matter, pleas	se cail:	
RALPH /AYLOR Name of Contact Person	at (813) 367-683 7 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made		
\$35 Filing Fee \$Certificate of Status	Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is enclosed) Certified Copy is enclosed) Certified Copy is enclosed) Certified Copy is enclosed Certified Copy is enclosed	
Mailing Address Amendment Section	is enclosed) Street Address Amendment Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

Articles of Incorporation

FILED

(Zip Code)

13 NOV 22 PH I2: 09 4 - SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A-	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	STOLLO BEACH, FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	33572 6706 PARK STRAND DR.
	APOLLO BEACH, FL 33572
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	RALPHE, TAYLOR
6706 PA	RK STRAND DR. street address)
New Registered Office Address: A POLLO I	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

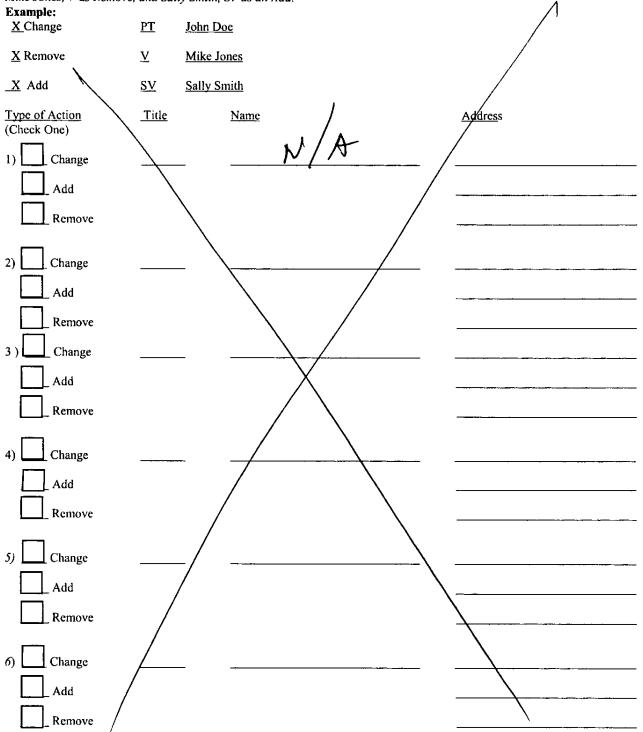
If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(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.



Page 2 of 4

ach additional sheets, if necessary).	(Be specific))		
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n amendment provides for an exch	ange, reclassifica	tion, or cancellation	on of issued sha	res,
ovisions for implementing the amer	ndment if not con	tained in the amer	ndment itself:	
(:f	_	/.		
(if not applicable, indicate N/A)	16	' A		
(if not applicable, indicate N/A)	N/	<u> </u>		
(if not applicable, indicate N/A)	<u> </u>	A		
(if not applicable, indicate N/A)	N/	<u>A</u>		
(if not applicable, indicate N/A)	N/	A		
(if not applicable, indicate N/A)	N/	A		
(if not applicable, indicate N/A)	N/	A		
(if not applicable, indicate N/A)	N/	A		
(if not applicable, indicate N/A)	N/	A		
(if not applicable, indicate N/A)	N//	A		
(if not applicable, indicate N/A)	N/	A		

/ .	
The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: 11/15/20/3	
(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 11/15/2013	
Signature Kalphe, Taylor	-
(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)	
RALPH E. TAYLOR	
(Typed or printed name of person signing)	_
P, T, S, D, CEO	_
(Tifle of person signing)	