Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H15000246300 3)))



H150002463003ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

,	Era	i	I.	. 8	de	łг	26	<	ġ

COR AMND/RESTATE/CORRECT OR O/D RESIGN MANAGEMENT ADVISORS, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

C LEWIS

° н 150 0 02463 00

Articles of Amendment to Articles of Incorporation

MANAGE HENT Ad VISORS INC

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

P13000083487

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

OPTIMUS name must be distinguishable and contain the				The T
name must be assinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co	". A profess	tional corporation	name must contain
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A				
11 4 4 4				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>		
Andrew Comments of the Comment of th	•			
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida.	enter the name of	<u>the</u>
Name of New Registered Agent			min men internal to 4350,000000	ad A
	(Florida street	address)		
New Registered Office Address:			, Florida	
-	(City)		a	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		h and accept	the obligations of ti	he position.

Attach additional sheet Please note the officer/a	* a nd/or I s, if neces: firector titl	Director be sary) le by the fi	ing added: rst letter of the	office title:		irector being removed and tiffe, nam		
executive Officer; CFO held. President, Treasur Changes should be note	er, Direct d in the fo aves the c	t'inancial or would b llowing m corporation	Officer. If an c ve PTD. anner. Current v. Sally Smith is	officer/director holds Ty John Doe is listed	i more the as the PS	stee; C = Chairman or Clerk; CEO = an one title, list the first letter of each ST and Mike Jones is listed as the V. I ould be noted as John Doe, IT as a C	her	ice : is
X Change	PT	John Do	<u>e</u>					
X Remove	<u>v</u>	Mike Jos	n <u>es</u>					
X Add	SY	Sally Sm	<u>uth</u>					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address		
1) Change					 .			•
Add Remove								'ey'
2) Change	Bomy 1							Change
Add	ragion prisi Tari	· · · · · ·			•			L Adv. L Remov
3) Change	<u></u>	<u>.</u>					,[]	Change
Add	,				•		,	_i_AM
4) Change	•	#* N- W2/M		meral and	to an ext	community and an appropriate section of the section		e and a
Add					 -			,
Remove	٠							
5) Change		_						
Add Remove								•
 -								
6) Change	••••	_			-			
Remove					·			

н 15000246300

	· · · · · · · · · · · · · · · · · · ·	
Non	ϵ	
		·
		
<u>. </u>		
		-
-		
,		
i selection in the selection of the selection is a selection of the select	Name and the second	
:	Section 1985 and 1985	
1 × 74. 4	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1		• • • • • • • • • • • • • • • • • • • •
as announced to the second	The second secon	<u> </u>
<u>ivisions for impleme</u>	les for an exchange, reclassification, or cancellation of issued sh nting the amendment if not contained in the amendment itself:	iares,
(if not applicable, in	idicate N/A)	
77	The state of the s	
None		
None		
None		
Nove		
Nove	· · · · · · · · · · · · · · · · · · ·	

SCOTE FOR THE DIVERSE OF THE PROPERTY OF THE P

H15000246300

15 OCT 14 AM 9: 17

The date of each amendment(s) a date this document was signed.	wopeous	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
doption of Amendment(s)	(CHECK ONE)	
I'he amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/wcro sufficient for approval	ļ
ру	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
action was not required.		,
Dated Oc	TO GER 14/, 20,15)	
Signature		
select	director, president or any efficient if directors or officers have not been ed, by an incorporator off in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
يه مس	JORGE L. VEGA	<u>.</u>
*** ** *	(Typed or printed name of person signing)	
	PST	
	(Title of person signing)	