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16 NOV -9 PH 12: 55

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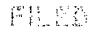
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: One Three Inc				
	BER: P13000084710	,	·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	tter to the following:			
	Pierre Laporte				
	Name of Contact Person				
	Courson and Stam				
		Firm/ Company			
	2398 Sadler Road				
	Address				
	Fernandina Beach, FL 32034				
		City/ State and Zip Code			
nierr	e@corusonstam.com				
<u> </u>	•	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Pierre Laporte		904-261-780 at (3		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 NOV -9 PH 12: 55

One Three Inc	SECRITORY CONTRACTOR
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P13000084710	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid ts Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
). If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida, enter the name of the loffice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sion	nature 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 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.

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	<u>Name</u>	Address
1) Change	P	Carol Laporte	2398 Sadler Road
Add			Fernandina Beach FL 32034
x Remove			
2) Change	P	Pierrre Laporte	2398 Sadler Road
x Add			Fernandina Beach, FL 32034
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)

If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у пот аррисаоте, таксые гул)	
, 	

The date of each amendment(s) adoption:	, if other than the
Cffastive data if amplicable.	
(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.	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)	
☐ 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	
Dated 11-07-2014 Signature Carol Laporte	
(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)	