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C. LEWIS

JAN 2 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CODRA FINANCIA CENTER INC
DOCUMENT NUMBER: $\frac{41300009455}{}$
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Only State Of Contact Person Only State Of Contact Person Only State Of Contact Person
COORA FINANCIAL CENTER TO
4401 Annette St
Address - WPB F 33409 City/ State and Zip Code
BRANSMUSTANG 50 Q 401. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRIAN Small at (56) 656 - 4990 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation Name of Corporation as currently filed with the Florida Dept. of State Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." BRIAN SMAIL B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4401 ANNETTE ST W. P.B. Fl. 17409 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City)

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

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
Change Add Remove	Pres Anthony B. Cimm	ino 4401 Annette St WPB 41 33409
2) Change	Pres BRIAN Small	WAR FI
Remove 3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change		
Remove		

Attach additional sheets, if necessary).	icles, enter char (Be specific)					
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifi ndment if not c	cation, or ca ontained in t	ncellation of the amendm	fissued sha ent itself:	eres,	

APPROVED AMD FILED

14 JAN 23 PM 1: 30 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 (voting group) he amendment(s) was/were adopted by the board of directors without shareholder action and shareholder The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Sighature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - Kin the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) printed name of person signing)

(Title of person signing)