(Re	equestor's Name)			
(Ad	Idress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nam	e)		
(Do	ocument Number)			
<b>(</b> , -	,			
Certified Copies	_ Certificates	of Status		
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AMUND

AUG 5 2015 LALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR		el Eads, 3	tal.	
DOCUMENT NUMB	ER: 714000	000 2946		
The enclosed Articles of	of Amendment and fee are su	ebmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
_	Michael	C Each		
	Michael	Kads, In!		
-		Firm/ Company		
	7231 W	2. County Cl	ub Dr. N # 22	29
-	<i>C</i> ,	Address		
	Sarusita,	FL 342	243	
-	7	City/ State and Zip Cod	0	
	MEI Floor	ring & Vahoo. sed or futury annual report	LOM	
	E-man address, (w oe di	secon interpretation report	nouncation)	
For further information	concerning this matter, pleas	se call:		
Michael	C Ends	at (94/	,565-494	0
Name o	of Contact Person	Arca Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 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)	
	ing Address		Address	
	ndment Section	Amendment Section		
	sion of Corporations Box 6327	Division of Corporations Clifton Building		
	hassee, FL 32314	2661 E	xecutive Center Circle	
		Tallaha	ssee, FL 32301	

## Articles of Amendment Articles of Incorporation of

1			33 to 1
	Articles of Amenda	man*	
•	to	HEHL	
· · ·	Articles of Incorpor	ation	
Michael Eade	of Till		AU6 3 PM 2: 13
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	
P1400000		,	
<del>,</del>	ber of Corporation (if know	vn)	
suant to the provisions of section 607.1006, I	Florida Statutes, this <i>Florid</i>	la Profit Corporation adopts the	e following amendment(s) to
Articles of Incorporation:			•
If amending name, enter the new name of	the corporation:		
N/a			The new
ne must be distinguishable and contain th	e word "corporation," "c	company," or "incorporated"	or the abbreviation
orp.," "Inc.," or Co.," or the designation ' d "chartered," "professional association," o		A professional corporation no	ame must contain the
Enter new principal office address, if appl	icable:	Nla	
incipal office address MUST BE A STREET		······································	
			**************************************
			<del> </del>
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFIC	E BOX)	N/h	, , ,
-			
If amending the registered agent and/or re	gistered office address in	Florida, enter the name of th	<u>e</u>
new registered agent and/or the new regis			
Name of New Registered Agent	NIA		
	(Florida street ada	lress)	
New Registered Office Address:	Nla	, Florida	
New Registerea Office Address.	(City)		Code)
w Registered Agent's Signature, if changin	g Registered Agent:	January Company	L.
reby accept the appointment as registered ag	gent. I am familiar with an	ad accept the obligations of the	position.
	NIA		
Signature	of New Registered Agent,	<b>Schanging</b>	
	14		

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 sheet	s, 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 Doc 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.

Mike Jones, vida Nem	pp., 14712 15-15		
Example: X Change	PT Jol	nn Doe	
X Remove	<u>у</u> <u>М</u> і	ike Jones	
X Add	<u> ŞV Şa</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	YP	Thomas J Ends	7231 W. Compy Club Dr. N Savasota, FL 34243 229
Remove	•		
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			<u> </u>
Remove			

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amendment provides fo				
(if not applicable, indica		a contained in the	Aineminent is	<u> </u>
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	Issue 16	2% sh	are 4	<del>2</del>
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Plegio	time 16			
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The date of each amendment(s) adoption:	7 /30/15	, if other than	the
date this document was signed.  Effective date if applicable:	7/30/15		
	(no more than 90 days after amend	dment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of		ng requirements, this date will not be listed as	the
Adoption of Amendment(s) (CH	IECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes capproval.	east for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amer	ndment(s) was/were sufficient for app	proval	
by		:	
(voi	ting group)		
The amendment(s) was/were adopted by the action was not required.	board of directors without sharehold	er action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder ac	ction and shareholder	
Dated 7/30/	15		
Signature	H		
(By a director, pres	sident or other officer - if directors or		
selected, by an inco appointed fiduciary	orporator – if in the hands of a receiv y by that fiduciary)	er, trustee, or other court	
	Michael C. Fali		
	(Typed or printed name of person sig	gning)	
	President		
	(Title of person signing)		