P14000003489

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Cî	ty/State/Zip/Phone	e #)			
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(Dc	ocument Number)				
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TALLAHASSEE, FLORIDA

2/3/14

COVER LETTER

TO: Amendment Section

Division of Corporations

		TATION	11/0
NAME OF CORPORAT	'ION:	JAF2014 10000348	1110
DOCUMENT NUMBER	: P140	0000348	9
The enclosed Articles of A	imendment and fee are sul	omitted for filing.	
Please return all correspor	idence concerning this mat	ter to the following:	
	STE	Name of Contact Person	CHNER CPA
	······································	Firm/ Company	PD
	\	2074 ROMA Address	KI)
-	P	O YNTON BO	FACH FL 33437
	sikci	oa 1 @ be//sed for future annual report	south.net
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
	Kirsymer	at (_ 561	840-9798 Sele & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e 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)
Amend Divisio P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Cliftor 2661 I	Address diment Section on of Corporations on Building Executive Center Circle assee, FL 32301

PLEMSE NOTE DNY PURPOSE OF CHAMBE IS

BANK WILL NOT OPEN ACCOUNT TILL MR.

FERNANDEZ NAME IS CORFERED ON YOUR RECORDS

Articles of Amendment to

Articles of Incorporation of			FILED			
	JAF 2014	12C	2014 FEB 1 L			
(Name of Corporation as current			2000			
P	14 00000		SECRLIĀRY TALLAHASSE	OF STATE E. FLORIDA		
(Document Number	r of Corporation (if know	wn)	3			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flori</i> d	da Profit Corporation ad	lopts the following	g amendment(s) to		
A. If amending name, enter the new name of th	e corporation:					
		NA		The new		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp, Inc, or Co.	- A projessional corpora	rated" or the al	bbreviation		
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		~11	'7			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	NI.	A			
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		NA				
<u></u>	(Florida street ad	dress)				
New Registered Office Address:		, Florida				
	(City)		(Zip Code)	_		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	nt. I am familiar with a	nd accept the obligation:	s 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)

Remove

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 <math>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	<u>PT</u>	John D	<u>oe</u>			
X Remove	<u>v</u>	Mike Jo	ones			
X Add	<u>sv</u>	Sally S	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	P		JEFFREY ALAN FER	NANDEZ	250 SW 15TH	FORIVE
Add					BOCK KATON FL	33432
Remove				_	US	
2) Change						
Add						_
Remove				_		<u> </u>
3) Change						_
Add				_		_
Remove				_		
4) Change		_				_
Add				<u> </u>	····	_
Remove				_		_
5) Change						
Add		_				_
Remove						
6) Change						
Add						-
				_		_

Attach additional s	heets, if necessary). (Be specific)
= -	. / />
	NIK
······································	
· · · · · · · · · · · · · · · · · · ·	
an amendment provisions for im (if not application)	provides for an exchange, reclassification, or cancellation of issued shares, plementing the amendment if not contained in the amendment itself: able, indicate N/A)
	NIA
· · ·	/V (/)

The date of each amendment(s) adopt	ion: F613 6, 2019	, if other than th
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 was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	***	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated [7]	=B 6 2014	
Signature	Sterley Darsche	
(By a direct	or, president or other officer - if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court	
appointed t	iduciary by that fiduciary)	
	STEPHEN KRSCHWER	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	