

(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



700277024907

10/12/15--01032--023 **43.75

OCT 13 2015

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: _ 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 Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

手出 医原

15 OCT 12 PH 4: 32

		10 001 15 111 4.35
(Name of Corporat	ion as currently filed with the F	
	014000004205	FALLAHASSEE, PÉJADA
(Docum	nent Number of Corporation (if k	nown)
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	a Statutes, this Florida Profit Co.	rporation adopts the following amendment(s
. If amending name, enter the new name of the c	orporation:	
		The new
ame must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corport" or the designation," or the	o," "Inc." or "Co". A professio	or "incorporated" or the abbreviation
B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET AD</u>		
	<u></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 registe new registered agent and/or the new registered		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
	(9)	(alp essey
lew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.
Sign	ature of New Registered Agent if	Chanaina
31971	aiare di iven neginiciea aveili d	LIMBY (M)

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	<u>PT</u> <u>John</u>	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Wilfred Gaiser	5001 W Sand Lake Re
Add			Orlando, FL 32819
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damous			

Attach additiona	idding additional Arti l sheets, if necessary).	(Be specific)			
					···
					
	. -				
•					
· " -					
				- <u>-</u> -	
					
			· <u>-</u> .		
					
an amendmer	t provides for an excl	nange, reclassificatio	n, or cancellation of	issued shares,	
provisions for (if not appl	mplementing the ame icable, indicate N/A)	nament it not contai	ined in the amendme	ent itsen:	
(9					
	1001/	,		- / /	
		OF Share	s transta	erred to	
incont	proxident	Portnici	s transto	Cor of	14 /r. c
invent.	PICOLUCII)	- IMITUL	UJI WI	XI _07 /7	7142
Yroperty	/				
			· ·	<u></u>	

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll 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	
Signature Strice Laiser	
(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)	
Patricia Gaiser	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	