## P14000000±6866

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MARQUIS ADVI	SORS, INC.	
DOCUMENT NUME	BER: P14000006866		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Michael Edwards		
		Name of Contact Person	n
	Michael Edwards, P.A.		
		Firm/ Company	
	1820 SE Port St. Lucie Blv	d.	
		Address	
	Port St. Lucie, FL 34952		
		City/ State and Zip Cod	e
micha	aeledwardslaw@gmail.com	1	
	= =	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: 772	、335-4949
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

MARC	UIS	AD\	/ISORS.	INC
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MARQUIS ADVISORS, INC.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	2802 SW Buena Vista Drive		
(Principal office address MUST BE A STREET ADDRESS)	Palm City, FL 34990		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2802 SW Buena Vista Drive		
	Palm City, FL 34990		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address			
Name of New Registered Agent			
	treet address)		
	, and the second se		
New Registered Office Address:	, Florida (City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
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	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones _	
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	<u>V</u>		Sharon A. Evans	2802 SW Buena Vista Drive
X Add				Palm City, FL 34990
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	provisions for implementing the amendment if not contained in the amendment itself:	(Attach additional si	ling additional Articl heets, if necessary).	(Be specific)	o, were.		
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provisions for implementing the amendment if not contained in the amendment itself:	provisions for implementing the amendment if not contained in the amendment itself:	f an amendment p	rovides for an excha	nge, reclassificati	on, or cancellat	ion of issued sha	res,
(if not applicable, indicate N/A)	(if not applicable, indicate N/A)	provisions for imp	lementing the amend	lment if <u>not cont</u> a	ained in the ame	endment itself:	
		(if not applicat	ole, indicate N/A)				
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The date of each amendment(s) a date this document was signed.	adoption:, if other t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
August 2	72018
Dated	
Signature	
(By a	director president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court steed fiduciary by that fiduciary)
аррол	•
	Michael Edwards
	(Typed or printed name of person signing)
	President
	(Title of person signing)