P140018878

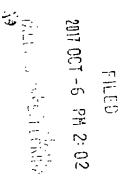
(Re	equestor's Name)	
(Ad	ldress)	···
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C. GOLDEN

OCT - 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bay Arca Disaster	Team Corp.			
DOCUMENT NUM					
	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	Daniel J. Bickford				
		Name of Contact Person	1		
	Bay Area Disaster Team Corp.				
		Firm/ Company			
	1497 Main St. Ste. 249				
	Address				
	Dunedin, FL 34698				
		City/ State and Zip Cod	e		
dan.t	oickford@gmail.com				
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Shannon J. Wittwer		at (727	216-9595		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
□ \$35 Filing Fee	\$43.75 Filing Fee & Sertificate 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

Bay Area Disaster Team Corp.

2017 OCT -6 PM 2: 02

(Name of Corporation as currently	filed with the Florida Dept. of State) 5 [AT
P14000018878	TARE Am. SSIE, FLORING
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flats</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

(Attach additional sheet Please note the officer/a			irst letter of the office title:		
P = President; V = Vice	Presiden	t; T= Tre	asurer; S= Secretary; D= Director		C = Chairman or Clerk; CEO = Chief
Executive Officer; CFO held. President, Treasur				ls more than on	title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	d in the for	llowing n corporatio	nanner. Currently John Doe is listed on, Sally Smith is named the V and S		d Mike Jones is listed as the V. There is be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Ado	ress
l) Change	T		Daniel J. Bickford	1497	Main St. Stc. 249
X Add				Dune —	din , FL 34698
Remove				~~~	
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			-
Add					
Remove					<u> </u>
5) Change		_			
Add					
Remove					
б) Change					
Add		_		<u> </u>	
Remove					

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:

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
<u></u>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s	nares.
provisions for implementing the amendment if not contained in the amendment itself:	<u></u>
(if not applicable, indicate N/A) N/A	
	. ***

	ctober 4, 2017	
The date of each amendment(s) adoption: _		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirem f State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	mendment(s)
	ne shareholders through voting groups. The following group entitled to vote separately on the amenda	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by		
(va	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and sha	reholder
10/4/2017		
Signature	nin J. Withen	
	sident or other officer - if directors or officers ha	
	orporator – if in the hands of a receiver, trustee, on y by that fiduciary)	r other court
Shannon J.	Wittwer	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	-