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2018 JAN -8 FM 1: 10

C. GOLDEN

**JAN** - 9 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: BAY A	REA DISASTER TEAM CORI			
DOCUMENT NUMBER: _P140000	018878			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
SH	ANNON WITTWER Name of Contact Person			
BAY AR	EA DISASTER TEAM LURP. Firm/Company			
	ST. STE. 249 Address			
DUNEDIN	U FL 34698 City/ State and Zip Code			
	TO TMAIL. COM used for future annual report notification)			
For further information concerning this matter, plea	ase call:			
SHANNON J. W. TTI	NER at ( 727 ) 216.9595  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made				
□ \$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 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	Street Address Amendment Section			
Division of Corporations	Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

f. co

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BAY AREA DIS	SASTER -	IENM (	JRP.		
<u></u>	oration as currently f		ia Dept. of State	)	
	2001887		• ,	.•	
(D	Occument Number of C	orporation (if know	n)		
ersuant to the provisions of section 607.1006, Fl Articles of Incorporation:	lorida Statutes, this <i>Fle</i>	orida Profit Corpord	ation adopts the f	ollowing amendn	nent(s) to
If amending name, enter the new name of t	he corporation:				
				The ne	'W'
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," o	Corp, " "Inc, " or "Co	o". A professional o			
Enter new principal office address, if applic					
rincipal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u> )				
		***************************************			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	<u>§ BOX</u> )				
		·			
. If amending the registered agent and/or reg	nistored office oddress	e in Florida, antar (	ha nama af tha		
new registered agent and/or the new register		s in Piorida, cuter t	ne name of the		
Name of New Registered Agent					
				<del></del> -	
	(Florida street	address)		·	
New Registered Office Address:			, Florida		
New Registered Office Address.	(Ci	ity)	, rionua	(Zip Code)	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent:	h and accept the obl	igations of the po	citica	
witer, accept the apparament as registered age	tum jumulur with	тана иссерт те оон	igaitons of the po	SU(OH)	
	Signature of New Regi	istered Agent, if cha	nging	<del></del>	

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.

X Change	PT John	Doe	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	DANIEL J. BICKFURD	1497 MAIN ST.
Add			STE . 249
Kemove			DUNEDIN, FL 34698
2) Change		•	
Add			
Remove			
3) Change			
Add			
Remove			<del></del>
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)  N. j. A.	<u>If amending or addin</u> (Attach <i>additional shee</i>	z additional AFtic rts, if necessary).	(Be specific)	<u>uis) nere</u> .			
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)	KL 1.2						
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	provisions for imple	menting the amen	dment if not cor	tained in the am	endment itself;		
N/A		, indicate IVA)					
	<u> </u>		<del></del>				
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			··				

The date of each amendment(s) adoption: JANMARY 47, 2018, 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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 1.4.18
Signature (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)
SHANNON J. WITTURE  (Typed or printed name of person signing)
President
(Title of person signing)