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SECRETARY OF STATE

C. LEVYIS

JUL 1 2014

EXAMPLES

TO: Amendment Section Division of Corporations

	Inc. of Orange Park				
DOCUMENT NUMBER:	00636810				
The enclosed Articles of Amendment and fee are su	abmitted for filing.				
Please return all correspondence concerning this matter to the following:					
Paul Dahbi					
	Name of Contact Person				
Firm/ Company					
• •					
La	Address Ale City FL 32055 City/ State and Zip Code				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	se call:				
Paul D.Lb:	at (904) 730 - 9264 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\text{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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

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4719101	OF CORPORATIONS
MACOUNT.	Us Colle Olivers

DULMON 2/2/1

14 JUN 17 PM 3: 25

ent(s) to

		714U	$\nu\nu$ 500 μ	
(Document Number	of Corporation (if k	nown)		
ursuant to the provisions of section 607.1006, Floris Articles of Incorporation:	ida Statutes, this <i>Fl</i> o	orida Profit Corpo	ration adopts the follow	ing amen
If amending name, enter the new name of the	corporation:			
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered." "professional association," or th	rp." "Inc," or "Co	". A professiona		
Enter new principal office address, if applicat	nle:			
rincipal office address <u>MUST BE A STREET Al</u>				
Enter and the Administration of the Control of the				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	B <i>OX</i>)			
				_
If amending the registered agent and/or regist	tered office addres	s in Florida, enter	the name of the	
new registered agent and/or the new registere				
Name of New Registered Agent				
			······································	
	(Florida street	address)		
		•		
New Registered Office Address:	(City)		, Florida(Zip Code)	
	(5.,,,		(=,,	
ew Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered agent		h and accept the o	bligations of the position	1.
Signature of	Now Registered Age	ant if changing		

Page 1 of 4

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 <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> Joh	an Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Praful Dabhi	3706 Oakfield Dive Middleburg, FL 32068
Remove 2) Change	ρ	Burt French	177 Bakers Acres Pr
Add			Hauthoine, FL 32640
Change Add Remove			
4) Change			
Remove 5) Change Add			
Remove 6) Change			
Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	 	
· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
<i>y</i> ,		
····		

The date of each amendment(s) adoption:date this document was signed. Effective date if applicable:	6 11 14 6 11 14 no more than 90 days after amen	SETHETARY OF STATE	if other than the
Adoption of Amendment(s) (CHEC	K ONE)		
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		cast for the amendment(s)	
The amendment(s) was/were approved by the sh must be separately provided for each voting gre			
"The number of votes cast for the amendn	ent(s) was/were sufficient for ap	pproval	
by	group)		
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without sharehol	der action and shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder a	ction and shareholder	
Dated	1/14		
Signature	Fy Do	Mi	
selected, by an incorpo	orator – if in the hands of a recei		
appointed fiduciary by	2c.Cl O.L	,	
	(Typed or printed name of po	erson signing)	
	President		
	(Title of person sign	ing)	