P14 0000 47596

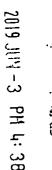
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(Address)		
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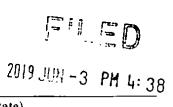
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHAPMAN ENTE	ERPRISES OF ATLANTIC	BEACH, INC.		
DOCUMENT NUM	BER: P14000047596				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	LYNN ADAMS				
		Name of Contact Person	n		
	BEACHES TAX SERVICES	S OF N.E. FLORIDA, INC.			
		Firm/ Company			
	6376 MOCKINGBIRD ROA	vD			
		Address			
	JACKSONVILLE, FL 3221	9-3396			
	47	City/ State and Zip Cod	e e		
beach	nestaxservices@comcast.net				
	<u>-</u>	sed for future annual report	notification)		
		·			
For further informatio	n concerning this matter, pleas	se call:			
LYNN ADAMS		904 at (503-0931		
Name of Contact Person		Area Code & Daytime Telephone Number			
Englosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & 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			
Tall	Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation \mathbf{of}



CHAPMAN ENTERPRISES OF ATLANTIC BEACH, INC.

(Name o	of Corporation as currently	filed with the Florida Dept.	of State)
P14000047596			Sip. 18
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co	o". A professional corporal	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
		-	
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amonding the resistance agent an	d/on monistered office adduc	es in Florida, and on the man	a af shu
D. If amending the registered agent an new registered agent and/or the new		ss in riorida, einer the ham	e or the
Name of New Registered Agent	MICHAEL A. CHAPMAN		
Name of New Registered Agent	2160 MAYPORT ROAD A	NPT 503	
	(Florida stree		
New Registered Office Address:	ATLANTIC BEACH	,	32233
		 Tiv)	Florida (Zip Code)
		• '	•
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligations	of the position.
		$\overline{}$	
	MA	ET/M	
	Signature of New Rev	estered 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DESAI, MAITRIK SANJAY	11251 CAMPFIELD DRIVE
Add	·		UNIT 2205
X Remove			JACKSONVILLE, FL 32256
2) Change	P	CHAPMAN, MICHAEL A.	2160 MAYPORT ROAD
X Add			APT 503
Remove			ATLANTIC BEACH, FL 32233
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

	nding or adding additiona additional sheets, if necessor	ary). (Be specific)			
	<u> </u>				
					
				 	
		•			
					<u>-</u> -
		_			
					
<u>fan s</u>	mendment provides for an	<u>i exchange, reclassif</u>	ication, or cancellati	on of issued share	<u>s,</u>
· ·	isions for implementing the if not applicable, indicate N	<u>z amengment it not (</u> VA)	ontained in the ame	nument usen:	
provi	J	,			
provi					
provi					
provi					
provi					

	6/1/2019 - / \ \ / \ \
The date of each amendment(s) a date this document was signed.	adoption:, if other than the
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 as to pepartment 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 cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
/	(voting group)
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 5/2	No.
Dated_ 5/-0	11
Signature	· Mandel Chung
	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
аррог	nted fiduciary by that fiduciary)
	MICHAEL A. CHAPMAN
	(Typed or printed name of person signing)
	PRESIDENT