# P14000052549

(R	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone #)	<del></del>
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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I ALBRITTON

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	110N:	SSOCIATES GROUP INC	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBE	R:				
	Amendment and fee are sul	bmitted for filing.			
Please return all correspo	indence concerning this mat	ter to the following:			
		EBANKS, MARK W			
_		Name of Contact Person			
	LINCOLN AND ASSOCIATES GROUP INC				
	Firm/ Company				
	PO BOX 24953				
_		Address			
	TAMPA, FL 33623				
	<del> </del>	City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		honor.oil@live.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information c	oncerning this matter, pleas	e call:			
EBANK	S, MARK W	at ( 813	506 -7900		
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the	ne following amount made p	payable to the Florida Depa	rtment 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)		
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2015

MARK W. EBANKS LINCOLN AND ASSOCIATES GROUP INC. P.O. BOX 24953 TAMPA, FL 33623

SUBJECT: LINCOLN AND ASSOCIATES GROUP INC

Ref. Number: P14000052549

We have received your document for LINCOLN AND ASSOCIATES GROUP INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

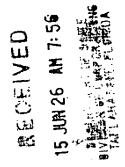
Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00011939



## Articles of Amendment to

## Articles of Incorporation

of

#### LINCOLN AND ASSOCIATES GROUP INC

# (Name of Corporation as currently filed with the Florida Dept. of State) P14000052549 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	LINCOLN DOOKHRAN	10602 ASHTEAD WOOD COURT
X Add			TAMPA, FL 33626
Remove			
2) Change	VP	MARK W EBANKS	10602 ASHTEAD WOOD COURT
X Add			TAMPA, FL 33626
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

1	if necessary).	(Be specific)			
	4				
	<del></del>				
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				ion of icound char	es,
f an amendment provi	des for an exch	ange, reclassific	ation, or cancella	ion of issued shar	
provisions for impleme	enting the amer	ange, reclassific idment if not co	ation, or cancellant intained in the am	endment itself:	
f an amendment provi provisions for impleme (if not applicable, i	enting the amer	ange, reclassific adment if not co	ation, or cancella ntained in the am	endment itself:	_
provisions for impleme	enting the amer	ange, reclassific idment if not co	ation, or cancella ntained in the am	endment itself:	
provisions for impleme	enting the amer	ange, reclassific adment if not co	ation, or cancella ntained in the am	endment itself:	
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f an amendment provi provisions for impleme (if not applicable, i	enting the amer	ange, reclassific	ntained in the am	endment itself;	
provisions for impleme	enting the amer	ange, reclassific	ntained in the am	endment itself;	

The date of each amendment(s) adopted date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date venent of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	)
MAY 22, 2015 Dated		
Signature		
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	MARK W EBANKS	
_	(Typed or printed name of person signing)	
	VP	
<del></del>	(Title of person signing)	