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Office Use Only

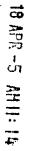


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### **COVER LETTER**

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Division of Corporations
NAME OF CORPORATION: Bette Cohn & Associates, Inc. DOCUMENT NUMBER: P14000 53769
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daisy Lopez Name of Contact Person  Bette Cohn & Associates, Inc.  Firm/Company  2431 Aloma Avenue, Ste. 305  Address  Winter Park A 32792  City/State and Zip Code  + axes by laisy & Smail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daisy Lopez al (321) 663-7000
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 \$\bigcup \\$43.75 Filing Fee \& \centrificate of Status \\ Certified Copy \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed) \\ \end{align*}\$\$

### Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

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,	Articles of Incorpor	ration 18 APR -5	AM 11: 14
Bette Cohn (Name of Corp.) P1400005	& Associ	ates Tre	
(Name of Corpo	oration as currently file	l with the Florida Dept. of S	tate)
P 14 0000 57	3769		
(D	ocument Number of Corp	oration (if known)	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this <i>Florid</i>	la Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the $n / \alpha$	he corporation:		_
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," of	Corp," "Inc," or "Co".	A professional corporation n	The new " or the abbreviation name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET		N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	2804 Ant Orlando, Fa	umn Green Dr - 32822
D. If amending the registered agent and/or reg new registered agent and/or the new register	ered office address:	· · <del>-</del> ·	- <del></del> -
Name of New Registered Agent	Daisy Lo	per	<u> </u>
	2804 Au (Florida street add	pez tunn Green Iress)	Drive
New Registered Office Address:	Orlando (City)	, Flori	da 32822 (Zip Code)

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.

# 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.

Mike Jones, V as Remove	, and Sali	ly 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	<u>Name</u>		<u>Addres</u> s
1) Change	$\overline{}$	_		
Add		\	_	
Remove				
2) Change		_ \		
Add			_	
Remove			_	
3) Change		_		
Add			_	
Remove			_	
4) Change			·	
Add				
Remove	/	·	_	
5) Change				
Add			\	
Remove			_	<del>\</del>
6)Change		_		
Add			_	
Remove			_	

ach addition	al sheets, if ne	ecessary). (Be s	specific)		Λ	,	00 1	<b>~</b> .
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(if not app	licable, indica	ite N/A)						
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: March 30, 2018	
(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 document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 March 30 2018 Signature Bette L. Cohn	
Signature Bette L. College (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)	
Bette Cohn	
(Typed or printed name of person signing)	
Director	

(Title of person signing)