P14000075811

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COVER LETTER

Division of Corporations C.P.R DEVELOPMENTS, INC. NAME OF CORPORATION: DOCUMENT NUMBER: P14000075811 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **CHRISTOPHER SNEED** Name of Contact Person C.P.R DEVELOPMENTS, INC. Firm/ Company 6034 CHESTER AVENUE SUITE 200-B Address JACKSONVILLE, FLORIDA 32217 City/ State and Zip Code CSNEED@CPRDEV.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please calls **CHRISTOPHER SNEED** :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 □\$43.75 Filing Fee & □\$43:75 Filing Fee &: □\$52.50 Filing Fee: Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

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

Articles of Amendment 'to Articles of Incorporation of

Articles of Incorporation:	``````````````````````````````````````	n as currently filed with the Fi	or tha Dept. of State	
ursuant to the provisions of section 607, 1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments of Incorporation: If amending name, enter the new name of the corporation: The new are: must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp., "Inc.," or "Co.". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX). 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.	P14000075811			
The new are: 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 ord "chartered," "professional association," or the abbreviation P.A. Enter new principal office address; if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX). If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent.	(Docume	ent Number of Corporation (if kr	iown)	
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(Florida street address)	. Hung of the wife Sine ou Agent.			
	·	(Florida street address):		
New Registered Office Address: Florida	Mary Pagistamid Office Address		Florido	
(City) (Zip Code)	New Megistered Office Address.	(City)		Code)

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; CEO = 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	<u>Name</u>	Address
1) Change	COO	SAM HILL	4843 DONNYBROOK AVENUE
x _Add			JACKSONVILLE, FLORIDA 32208
Remove			-
'2): Change			
Add			
Remove			
3)Change;			
A'dd			· · · · · ·
Remove			<u> </u>
'4):,Change:	·		
Àdd			
Remove			
5)Change	<u> </u>		
Add			
Remove			
'6): Change	-		
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Remove			

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The date of each amendment(s) adoption: date this document was signed.	, 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 does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of a by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shar action was not required.	
The amendment(s) was/were adopted by the incorporators without sharehold action; was not required.	der action and shareholder
Dated 04/13/2016	
The state of the s	
Signature	
(By addirector, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
CHRISTOPHER SNEED	
(Typed or printed name of pers	on signing)
CHIEF EXECUTIVE OFFICER	
(Title of person sign	ning)