## P1400080397

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☐ WAIT	MAIL				
(Business Entity Name)					
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Certificates	of Status				
Special Instructions to Filing Officer:					
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations						
NAME OF CORPORATION: EZ BIZ H		ROUP INC				
DOCUMENT NUMBER: P1400080	397					
The enclosed Articles of Amendment and fee are s	ubmitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
SCOTT W CL	YMO					
	Name of Contact Person	n				
EZ BIZ HOLDINGS GROUP INC						
1600 SARNO	Firm/ Company	115				
1600 SARNO						
	Address					
MELBOURNE	FL 32935					
*	City/ State and Zip Cod	e				
CORP@EZBIZW						
	ised for future annual report	natification				
L-man address. (to be t	isca for future annual report	houncationy				
For further information concerning this matter, plea	ase call:					
SCOTT W CLYMO	<sub>at (</sub> 321	594-2940				
Name of Contact Person	Area Code & Daytime Telephone Number					
	11					
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:				
□ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street	Address				
Amendment Section	Amend	Iment Section				
Division of Corporations		on of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building				
1 ananassee, FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	of
EZ BIZ HOLDINGS GROUP	, INC
(Name of Cornoration as currently file	d with the Fl

(Name of Corporation as currently t	filed with the Florida Do	ept. of State)		_	
P14000080397					
	f Corporation (if known)			_	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida F</i>	Profit Corporation add	pts the following	ng ame	ndment(s) to
A. If amending name, enter the new name of the c	orporation:				
				The	
name must be distinguishable and contain the wo. "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o, " "Inc," or "Co". A				
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	e: DRESS)			_	٠.
					3
C. Enter new mailing address, if applicable:				-4 9	(영향 - 등장 - 동생
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			7 2° -	777
				- <sub>字</sub>	E P
				_ <i>3</i> 3	무성 설립
D. If amending the registered agent and/or registe		orida, enter the name	of the	<del>ده</del> ت	形 表
new registered agent and/or the new registered	office address:				
Name of New Registered Agent					
<del> </del>	(Florida street address	<u>s)</u>			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Registered agent.  I hereby accept the appointment as registered agent.		accept the obligations	of the position.		
Signature of N	ew Registered Agent, if c	hanging			

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	s		BRENDA J STELLA	1600 Sarno Rd STE # 115
Add				Melbourne FL 32935
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				<del> </del>
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

If an amendment provides for an exchange, reclassif provisions for implementing the amendment if not a (if not applicable, indicate N/A)	
provisions for implementing the amendment if not	
provisions for implementing the amendment if not	
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provisions for implementing the amendment if not	
provisions for implementing the amendment if not	
(if not applicable, indicate N/A)	cation, or cancellation of issued shares, ontained in the amendment itself:
<del></del>	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
Entetive date in applicable.	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop- by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated October 2	7, 2014	
Signature	oft wil	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
· · · · · · · · · · · · · · · · · · ·	cott W Clymo	
_	(Typed or printed name of person signing)	_
P	resident	
_	(Title of person signing)	<del></del>