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JUL 2 1 2017 C NICNAIR

COVER LETTER

DA

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

CAROL COODER

NAME OF CORPORE		ou work) 1 1
DOCUMENT NUMBE	R. <u>715000</u>	000429	
The enclosed Articles of	l **Amendment and fee are s	submitted for filing.	
Please return all correspondent	ondence concerning this in	atter to the following:	
		Name of Contact Person RUL COOPE Firm/ Company Address Address City/ State and Zip Coo OPER 10 @	IR, PA NE NG, FL 33703 Gwail.com
		sed for future annual report	
For further information co	oncerning this matter, plea	se call:	
Carol	Cooper	at 813	, 335-1371
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	urtment 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 Tallahassee, FL 32314 Street Address

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

Articles of Amendment

to

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

dment(s) to

me must be distinguishable and contain the word "corporation corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "c	"," "company," or "incorporated" or the ab	The \cdot
rd "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must c	brevia ontain
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office address: Name of New Registered Agent		
(Florida stre	et address)	

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 Doc	
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	_0	CAROL OBOPER	200 46th AVE NE STRETERSBURG, FL 3351
Add			SIPETERSBURG, FL 3351
Remove			
2) Change	 -		
Add			
Remove			
3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding Attach additional sheet	additional Articles, of necessary). (Be	enter change(s) he specific)	<u>ere</u> :		
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an amendment prov	ides for an eychange	reclassification.	or cancellation of	issued shares.	
provisions for implem	enting the amendme	ent if not containe	d in the amendme	nt itself:	
(if not applicable.	indicate N/A)	He it more contesting			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	``
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	
Signature (By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
	-n
(Typed or printed name of person signing	ek
(Typed or printed name of person signing	()
INCORPORATOR	DIRECTOR
(Title of person signing)	