

R. WHITE

APR 25 2018

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suncoast Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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** 

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**

Articles of Incorporation of

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Name of Corporati	Lectiv	led with the Florida De	nt of State)	. 7 9 1011
		( )	pt. of Gtate	on A FLORIDA
	000 372	prporation (if known)		
(1300.01	nem Number of Co	rporation (ir known)		
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
	<del></del>			The new
name must be distinguishable and contain the wor ,"Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co	". A professional corpo	porated" or the ration name mi	e abbreviation ist contain the
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )			
	-			
	-			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	337			
(mailing duaress MAT BE A FOST OFFICE BO	<u> </u>			<del></del>
	•		<del> </del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		in Florida, enter the na	ame of the	
Name of New Registered Agent				
<del></del>	(Florida street	address)		<del></del>
New Registered Office Address:			. Florida	
	(Cit	y)	_,	Zip Code)
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.		and accept the obligation	ons of the positio	พ.
		_	•	
Sian	nature of New Real	stered Agent, if changing		
Sign	muse of their nega	ны си адень, у спинуту		

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	PT John D	<u>00c</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	SV Sally S	<u>imith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	<u>C00</u>	Isage Specto	57305 Sincres
Add		•	Homosassa El Bylis
X Remove			
2) Change	<u> </u>	Charles Knecht S	5730 S. Surcast B
X Add			Homossss FI 34441
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	rticles, enter change(s) here: ). (Be specific)
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an amendment provides for an exc	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	actionment is not constitute in the university factor.

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del> _
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(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.	
Dated4/20/18	
Signature  (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)	_
(Typed or printed name of person signing)	
(Title of person signing)	