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SECRETARY OF STATE

JAN 0 7 2016 C. CARROTHERS

COVER LETTER

1,

TO: Amendment Section Division of Corporat			
NAME OF CORPORA	TION: Les/14	è Adams :	Associates Inc
DOCUMENT NUMBER	R:	P150000	00 4844
The enclosed Articles of	Amendment and fee are sub		
Please return all correspon	ndence concerning this matt	ter to the following:	
		Leslie Ad	
	Leslie,	Name of Contact Pers	on Jociates Mc Brandn Blvdsrezos H 33571
		Firm/ Company	-
		235W /	handn Bludstezos
		Address	1 1.4
		1 oranden,	H 33511
		City/ State and Zip Co	de
	E-mail address: (to be use	ed for future annual repo	rt notification)
	oncerning this matter, please	e call:	
	estie Adams	at (Sode & Daytime Telephone Number
Name of C	Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	ayable to the Florida De	partment 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)
Amendr Division P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amer Divis Clifto 2661	et Address Indment Section Identification of Corporations In Building Executive Center Circle Inhance of the section of the se

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Articles of Amendment to

-, Ar	ticles of Incorporation
Leslie Adam	i Associate me
	as currently filed with the Florida Dept. of State)
Pls-0	XXXX 44
(Documen	t Number of Corporation (if known)
its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp.	corporation; "company," or "incorporated" or the abbreviation.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	"Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	23) W Brundm BIET & ESS) SIE ZOS Brundm, 7L 33511
	Brandon, 7L 33511
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	ice address:
Name of New Registered Agent	Leslie Adams 235 W Brundm Blud STE-205
	(Florida street address)
New Registered Office Address:	Banden , Florida 3351/ (City) (Zip Code)
New Registered Agent's Signature, if changing Registon I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.
Ada	no
Signatu	re 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; 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 <math>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 Do	<u>oe</u>				
X Remove	<u>v</u>	Mike Jo	ones .				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>				
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s	
1) Change				· · · · · · · · · · · · · · · · · · ·			·
Add							
Remove							
2) Change							
Add		_					
Remove							
3) Change		_		<u></u>			
Add							
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5) Change				· <u>-</u>			
Add							
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6) Change							
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an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassifice endment if not co	ation, or cancell ntained in the ar	ation of issued s nendment itself:	hares,	
		<u> </u>	 _		
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			<u>.</u>		
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in the second se) /	_	
The date of each amendment(s) adoption:late this document was signed.	Deceaker	28, 2015	, if other than the
Effective date <u>if applicable:</u>		•	
(no	more than 90 days after ame	ndment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State		ling requirements, this date	will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)		
The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation approximation and the shareholders was/were sufficient for approximation approximation and the shareholders was/were sufficient for approximation and the shareholders was/were sufficient for approximation and the shareholders was/were adopted by the shareholders was/were adopted by the shareholders was/were sufficient for approximation and the shareholders was approximated an		s cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group			t
"The number of votes cast for the amendmen	nt(s) was/were sufficient for a	pproval	
by	 	.,,	
(voting gi	roup)		
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without sharehol	lder action and shareholder	
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder	action and shareholder	
Dated Jec.	30, 2015		
Signature	dam)	<u> </u>	
	or other officer – if directors ator – if in the hands of a rece		
appointed fiduciary by the		iver, musice, or other court	
	Leslie Aa		
(Туре	d or printed name of person s		
	Presi de	vt-	

(Title of person signing)