P15000013674

Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Strategic	Business	Development	Services,	Inc
NAME OF CORPORATION:					

DOCUMENT NUMBER: P15000013674

The enclosed Articles of Amendment and fee are submitted for filing,

Please return all correspondence concerning this matter to the following:

Michelle Cline

Name of Contact Person

Strategic Business Development Services Inc

Firm/ Company

750 W Hampshire Blvd

Address

Citrus Springs, FL 34434

City/ State and Zip Code

michelle@strategicbds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Cline

.352

257-5662

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 & Certificate of Status

☐\$43.75 Filing Fee & Certified Copy
(Additional copy is

(Additional copy is enclosed)

☐\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy

(Augilionai Co) 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

Strategic Business Development Services Inc

nent(s) to

(N)			
	currently filed with the	Fiorida Dept. of State)	Ý.
P15000013674			•
(Docume)	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corport	ation adopts the following
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc" or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co" A professional	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		NI/	7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	- N(
D. If amending the registered agent ar new registered agent and/or the ne			the name of the
Name of New Registered Agent	Michelle Cline		
	4760 N Bayv	vood Dr	
	(Florida s	treet address)	
New Registered Office Address:	Beverly Hills	,]	Florida 34465
	(Cir)	")	(Zip Code)

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Michael D Bays	3905 N Lecanto Hwy
Ađd			Beverly Hills, FL 34465
Remove			
2) Change	Р	Michelle Cline	4760 N Baywood Dr
Add			Beverly Hills, FL 34465
Remove			
3) Change	T	Michael D Bays	3905 N Lecanto Hwy
Add			Beverly Hills, FL 34465
Remove			
4) Change	T	Michelle Cline	4760 N Baywood Dr
Add			Beverly Hills, FL 34465
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

. If amending (Attach additi	or adding additional Articles, enter change(s) here: ional sheets, if necessary). (Be specific)
	NA
- 	
	
provisions	Iment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: applicable, indicate N/A)
<u>.</u>	NIK

The date of each amendment(s) adoption: 02/05/2015 (or as soon as possible)	, if other than the
date this document was signed.		
Effective date if applicable:	02/05/15 (or as soon as possible)	
- //	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement of 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 action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 03/04	4/2015	
Dated	n-00	
Signature _	Tuly XX for 1	
(B)	y a director, president or other officer - If directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
#P.		
	Michael D Bays	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	