P15000014199

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

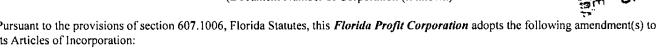
Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: 10 wd 9 Toc. DOCUMENT NUMBER:P15000014199		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:	55	
Name of Contact Person	JUL -2 P	
10458 114th Terrace	H 1:25	O
Address City/ State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (260, 414-821) Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	(Document Number of Corporation (if known)	温制
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the	following amendmen
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	the word "corporation," "company," or "incorporated" n "Corp," "Inc," or "Co". A professional corporation na ," or the abbreviation "P.A."	or the abbreviation me must contain the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		<u> </u>
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	le: FICE BOX)	
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the gistered office address:	<u>e</u>
Name of New Registered Agent		
	(Florida street address)	
V 0 1 100 111 11	. Florid	
New Registered Office Address:	(City)	a(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
I hereby accept the appointment as registered	d agent. I am familiar with and accept the obligations of the	position.
	•	
<u> </u>		
	Signature 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	PT Joh	n Doe	
X Remove	Y Mik	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Micole Ober	10458 114th Terrace
Add			Largo FL 33773
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional As (Attach additional sheets, if necessary)	rticles, enter change(s) here: (Be specific)
. 110	

F. If an amendment provides for an ex	change, reclassification, or cancellation of issued shares, need shares.
(if not applicable, indicate N/A)	1enament if not contained in the amendment liseli:
NJA	

The date of each amendment(s) adoption: 4 28 15 date this document was signed.	_, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a 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)	
(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.	
Dated 10/28/15	
Signature Cole Olea	
(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)	