P15000	019267
(Requestor's Name) (Address)	700301595147
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/07/1701039028 ** 35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	
	And NUG 10 2017

CO	v	ER	L	ET	Т	E	R

۰.

....

TO: Amendment Section Division of Corporations

24

NAME OF CORPORATION: ______

DOCUMENT NUMBER: P15000019267

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

Ţ,

Please return all correspondence concerning this matter to the following:

Stuart Clough

Name of Contact Person

APEM Inc

Firm/ Company

2603 NW 13th St #402

Address

Gainesville FL 32609-2835

City/ State and Zip Code

r.fairbanks@apemltd.co.uk

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

For further information concerning this matter, please call:

 Robert Fairbanks
 at (0044)
 1614428938

 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

S43.75 Filing Fee & Certificate of Status

S43.75 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 Tailahassee, FL 32314

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

Street Address



Articles of Amendment to Articles of Incorporation of

APEM, Inc.

P15000019267

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(Citv)

(Zip Code)

, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

.

.

.

Example:

T

ł

÷

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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeheld. 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.

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	Р	Christian Newman	2603 NW 13th St. #402
Add			Gainesville FL 32609-2835
X Remove			- <u>-</u>
2) $\frac{X}{2}$ Change	PD	Stuart Clough	2603 NW 13th St #402
Add			Gainesville FL 32609-2835
Remove			·
3) Change			
Adđ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

.

T T F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	1 July 2017	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doc document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will a of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
19 July 2017 Dated Signature	+Cluft	-
selected, by an i	president of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
Stuart C	lough	
	(Typed or printed name of person signing)	
Presider	nt / Director	

• • •

ļ

I

(Title of person signing)