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15 JUN 26 PM 3: 20

SECRETARY OF STAIL DIVISION OF CORPORALIONS

UUL 8 2015 C LEWIS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Florida Transaction Coordinators NAME OF CORPORATION: PIS00002263 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Cooper City, Fl. 33026

City/ State and Zin Code Sdrew 321@ yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 789-2027

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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

Florida Transaction	Coordinators Inc 15 JUN 26 PM 3: 2
(Name of Corporation as currently 1	filed with the Florida Dept. of State)
P1500002263	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Statutes Statutes, the Statu	dorida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new name of the corporation:	1
	MA The new
ame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	<u>~</u>
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	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Debra Dre	ω
2805 Evergle	en Way 1 address)
New Registered Office Address: Cooper City	Florida 3302 6
ic	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. The familiar wit	th and accept the obligations of the position.
Signature of New Rea	aistered 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 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 J	John Doe	
X Remove	<u>v</u> <u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Scott Drew	2805 Evergleen Way Cooper City, Fl. 33026
Add			Cooper City, Fl. 33026
X Remove		_	
2) Change	<u> </u>	Debra Drew	2805 Evergreen Way
X Add			Cooper City, Fl. 33026
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	NA
	P C
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	1.
	NA

The date of each amendment(s) adoption:	Fli Flother than the
date this document was signed.	FILE Other than the SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable: $\sqrt{22/i} \le$ (no more than 90 days after amendment file date) 15 JUN 26 PM 3 : 20
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"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 action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	cholder
Dated 6 12 ()	
Signature	
(By a director, president or officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or	
appointed fiduciary by that fiduciary)	
Scott Drew	
(Typed or printed name of person signing)	
President	
(Title of person signing)	