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R. WHITE

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: BIRDIES FIVE POINTS INCOMENT NUMBER: P15000023636					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person AUNETTE T BUSSELL CPA Firm/ Company 767 STOCKTON STREET Address Address Address City/ State and Zip Code annette @ athopa, com E-mail address: (to be used for future annual report notification)					
E-mail address. (to be used for fattare unitadity-port notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (904) 303-4234 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) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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

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Articles of Amendment

to
Articles of Incorporation

FILED

of _ 15 APR -6 新语: 25
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ALLAMASEL, I COMBA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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". ! 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:, Florida
(City) (Zip Code)
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.
Thereby accept the appointment as registered agent. I am juintain that and accept the congulation of the position.
Signature of New Registered Agent, if changing
Signature of their registered regent, 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.

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Example: X Change	PT John Doe
X Remove	V Mike Jones
<u>X</u> Add	SV Sally Smith
Type of Action (Check One)	Title Name Address
1) Change	SEC CLINT N BRINSON 1850 POWELL PLACE
Add	
Remove	
2) Change	SEC CHRIMM FRAZIER 1850 POWELL PLACE JACKSONVILLE, FL 32205
Add	JACKSONVILLE, +L 3220
Remove	
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
🗀	
6) Change	
Add	
Remove	

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: 4/2/2015	, if other than the
Effective date if applicable:	
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)	
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 April 2, 2015	
Signature (By a director, president of 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) Christy FRAZIER (Typed or printed name of person signing)	_
Title of person signing)	