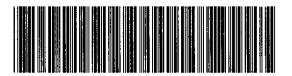
P15000029422

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Andrew Wallen requested Joseph Vincent be removed				
Via Phone. oc 5/08				



300272139553

04/27/15--01007--015 **35.00

SECRETARY OF STATE
TALLARIASSEE, FLORID

15 MAY 22 PM 19.1 PM

Office Use Only

MAY 2 & 2015 T CANNON



May 1, 2015

ANDREW O. WALLEN FLORIDA COUNCIL CORP 841 PRUDENTIAL DR., 12TH FLOOR JACKSONVILLE, FL 32207

SUBJECT: FLORIDA COUNCIL CORP

Ref. Number: P15000029422

We have received your document for FLORIDA COUNCIL CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person signing the articles of correction and the name typed printed are not the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 215A00009042

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: FLORIDA COUNCIL CORP DOCUMENT NUMBER: <u>P15000029422</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSEPH VINCENT Name of Contact Person FLORIDA COUNCIL CORP Firm/ Company 841 PRUDENTIAL DRIVE, 12TH FLOOR Address JACKSONVILLE, FL 32207 City/ State and Zip Code FLORIDACORPORATECOUNCIL@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

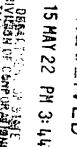
□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is

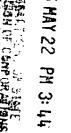
□\$52.50 Filing Fee Certificate of Status Certified Copy enclosed) (Additional Copy is enclosed)

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







ANDREW O. WALLEN

Articles of Amendment to Articles of Incorporation of

FLORIDA COUNCIL CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P15000029422		
(Document Number of C	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this Frists Articles of Incorporation:	dorida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation:		
	74	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional Association," or the abbreviation "P.	o". A professional corporation name must con-	eviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETAR TALLA TAC
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the	LED Y OF STATE LED
	-	
(Florida stree	t 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 the second s		
Signature of New Heg	gistered Agent, if changing	

a change, Mike Jones lea Mike Jones, V as Remove, Example:	ves the co and Sal	orporation, Sally Smith is named the V and S. Thes ly Smith, SV as an Add.	e should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	ANDREW O. WALLEN	841 PRUDENTIAL DR
X Add			12TH FLOOR
Remove			JACKSONVILLE, FL 32207
2) Change	P	Joseph Vincent	841 Prudential Dr.
Add			12th Floor
Remove			20x, H. 3000)
3) Change			
Add			
Remove			
4) Change			SECRE TALL AH 15 MAY
Add			Y 22
Remove			
5) Change			2: - STA
Add			TE IDA
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
	 	
· · · · · · · · · · · · · · · · · · ·		
	\(\text{\tin}\exiting{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texitile}\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\tin}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	Ţ
	<u>_</u>	r
	22	7
	РН	्रा (म
f an amendment provides for an evaluation are consultation of insued shares	PH 12: 47	F. 0
t all alliellulient provides for all exchange, reclassification, or calicenation of issued silares,	17	RIDA
f 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)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		

The date of each amendment(s) adoption: MAY 1, 2015 date this document was signed.	_, if other than the
Effective date if applicable:	
(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 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)	
☐ 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.	SECRETAR FILAHASS ALLAHASS
	ARY OF STA
Signature (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)	TATE ORIDA 2: 4.7
JOSEPH VINCENT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	