

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NASING CORPORT	ORATION	
DOCUMENT NUMBER: P15000035229		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
CLAIRE HUGHES		
	Name of Contact Person	1
NASING CORPORATION	1	
	Firm/ Company	
116 OAK LANE		
	Address	
ORMOND BEACH, FL 32	2174	
	City/ State and Zip Cod	e
CLAIRELEEJOHNSON@GMA	IL.COM	
•	used for future annual report	notification)
For further information concerning this matter, ple	rase call:	
CLAIRE HUGHES	at (386	506-9995
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Tallahassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

with the Florida Dept. of State) ration (if known) a Profit Corporation adopts the following amendment(s)
Profit Corporation adopts the following amendment(s)
The new
ompany," or "incorporated" or the abbreviation A professional corporation name must contain the
OAK LANE
MOND BEACH, FL 32174
1-17:
——————————————————————————————————————
OAK LANE
MOND BEACH, FL 32174
<u> </u>
Florida, enter the name of the
ess)
essy
, Florida (Zip Code)

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:

(Astach 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.

X Change	<u>PT J.</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u> 1ike Jones</u>	
_X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	KRISTEN NAGRANI	3079 CORAL VINE
Add			WINTER PARK, FL 32792
X Remove			
2) Change	P	THOMAS L JOHNS	1161 PLANTATION
XAdd			SANDERSVILLE, GA 31082
Remove			
3) Change	V	CLINT WOODS	116 OAK LANE
X Add			ORMOND BEACH, FL 32174
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)			
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If an amendment provides for an ex	change reclassifie	ation or cancella	tion of issued show	rae.
provisions for implementing the an	nendment if not co	ation, or cancella	tion of issued shar	res,
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not co	ation, or cancella ntained in the an	tion of issued shar rendment itself:	res,
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not co	ation, or cancella ntained in the an	tion of issued shar rendment itself:	res,
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provisions for implementing the an (if not applicable, indicate N/A)	nendment if not co	ation, or cancella ntained in the an	tion of issued shar	res,
If an amendment provides for an ex provisions for implementing the an (if not applicable, indicate N/A)	nendment if not co	ation, or cancella ntained in the an	tion of issued shar	res,

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date <u>if applicable</u> :		
mappicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, t ment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes east for the amendent for approval.	nent(s)
☐ The amendment(s) was/were approve must be separately provided for eac	ed by the shareholders through voting groups. The following such voting group entitled to vote separately on the amendment(s)	'atement):
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	."	
-	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and share	2holder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sharehold	ler
DatedSignature	h	
selected, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or othe iduciary by that fiduciary)	been r court
ТН	OMAS L JOHNS	
	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	