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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: ______

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

Firm/ Company

Address

City/ State and Zip Code

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

For further information concerning this matter, please call:

 MARIA MEDINA
 at (239)
 529-7600

 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 □\$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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNIVERSAL OF FLORIDA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

UNIVERSAL	OF FLORIDA INC	

(Document	Number of	Corporation	(if]	know	n)

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:

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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)

11460 WHISTLERS COVE CIRCLE

APT 535

NAPLES, FLORIDA 34113

SAME AS ABOVE

(Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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

C. Enter new mailing address, if applicable:

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

, Florida

N

The: new-0

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)

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:

<u>X</u> Çhange	<u>PT</u>	<u>John Do</u>	<u>be</u>	
X Remove	<u>v</u>	<u>Mike Jo</u>	nes	
<u>X</u> Add	<u>sv</u>	<u>Sally Sn</u>	<u>nith</u>	
<u>Type of Action</u> (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
2) Change				
Add				
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5) Change		_	······	
Add				
Remove				
6) Change				
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Remove				,

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
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If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:

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ar i F. A. ∎	09/21/2015	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	09/21/2015	
isite the date <u>it applied it</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	nt(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2015	
Dated		
Signature	X) maria medina	
	By a director, president or other officer – if directors or officers have not be	en
S	elected, by an incorporator - if in the hands of a receiver, trustee, or other c	
а	ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	MARIA MEDINA	

(Title of person signing)