## P15000081188

(Re	equestor's Name)	
<b>4</b> -, (Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	» #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
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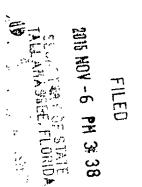
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Crescent Asset Man	nagement Services, Inc.	
DOCUMENT NUMBE			
	Amendment and fee are sub	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
D	aniel J. Doran		
		Name of Contact Person	l
C	rescent Asset Management	Services, Inc.	
		Firm/ Company	<del></del>
34	461 SW Funtuna Street	Time Company	
		Address	
P	ort Saint Lucie, FL 34953		
_		City/ State and Zip Code	<del></del>
crescen	tassetmanagement@gmail.c	om	
<del></del>		ed for future annual report	notification)
	concerning this matter, pleas		007 0071
Daniel J. Doran		at (	_)
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$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)
Ameno Divisio P.O. B	dress	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Crescent Asset Management Services, Inc.

2015 NOV -6 PM 34 38

(Name of Corporation as curve	TALL ATASSEE, FLORIDA
	er of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, t s Articles of Incorporation:	•
A. If amending name, enter the new name of the corporation:	<u>.</u>
ame must be distinguishable and contain the word "corpore". Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation.	or "Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Ag	(City) (Zip Code)  ent: for with and accept the obligations of the position
петеоу ассері іне арронитет аз гедізіегей адепі. Тат затій	ar wun ana accept the obligations of the position.

## 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	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Lucretia L. Doran	3461 SW Funtuna Street
Add			Port Saint Lucie FL 34953
X Remove			
2) Change	Р	Daniel J. Doran	3461 SW Funtuna Street
X Add			Port Saint Lucie FL 34953
Remove			
3 ) Change		_	_
Add			<del></del>
Remove			<del></del>
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessa	ry). (Be specific)	ge(s) here:		
		•	· · · · ·	
			-	
<del></del>				
			<del></del>	
			<del> </del>	
		· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an provisions for implementing the (if not applicable, indicate N.	amendment if not co	cation, or cancellationtained in the ame	on of issued shares, ndment itself:	
	<del></del>			

The date of each amendmendate this document was signed		, if other than the
_	November 3, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del> </del>
	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/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmer 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):	ment
	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	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated Nove	mber 3, 2015	
(1	By a director, president or other officer - if directors or officers have not bee	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other co	ourt
a	ppointed fiduciary by that fiduciary)	
	Lucretia L. Doran	
	(Typed or printed name of person signing)	
	President	
	(Title of nercon cigning)	