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OCT 20 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: My Vic-	tual office	+ INC ·	
DOCUMENT NUMBI	er: <u>19150000</u> 9	84429	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all corresp	ondence concerning this mat	tter to the following:		
-	HOLLY MO	Name of Contact Person	1	
My VIXTUOL OFFICE INC:				
27045 Falcon Court Unit 202				
Wesley Chapel, FL 33544. City/State and Zip Code.				
\	10 LY M ON LY E-mail address: (to be us	W\\ Q Q MQ\\ Cor future dinnual report	notification)	
For further information concerning this matter, please call:				
HONY M	MACMILL Contact Person	at (813) Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailt	A dd	Street	Address	

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

Articles of Amendment

Articles of Incorporation

7 H 1 75

15 OCT 19 PM 2: 11 ation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NOT Applicable (NIA (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) (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.

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 <math>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	PT John	<u>Doe</u>		
X Remove	V Mike	V Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	P	Holly Montanile	27045 Falcon C+	
X_ Add			Unit 202, Wesley Chapel, FC 33544	
Remove			Chipchite 5559	
2) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
3) Change			,,	
Add				
Remove				
4) Change	***			
Add				
Remove				
5)Change		·		
Add				
Remove				
6)Change				
Add				
Remove				

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
	NOT Applicable (N/A)
	100 reproductive (VIII)

an amand.	ment provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	or implementing the amendment if not contained in the amendment itself:
(if not a	oplicable, indicate N/A)
	NOT Applicable (N/A)
<u> </u>	

The date of each amendment(s) adoption:date this document was signed.	NA	, if other than th
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory file of State's records.	ling requirements, this date will not be listed as th
Adoption of Amendment(s) (Cl	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting group group entitled to vote separately a	os. The following statement on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for a	pproval
by	oting group)	27
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder a	action and shareholder
Dated OCHOWEY	5,2015	
selected, by an inc	sident or other officer – if directors of corporator – if in the hands of a receive by by that fiduciary)	
	HOLLY MONTANIA (Typed or printed name of person si	gning)
	President (Title of person signing))