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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Na	me)	
(Document Number)			
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MAR 2 4 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Cercy Enterprises, Inc DOCUMENT NUMBER: <u>\$15,000,86,788</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Cercy CEO 30 Dunn Creek Rd

Address

acksonville FL 32218 Cercy enterprises in Ca q mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Clr Cy at (904) 707 9242

Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

of

Cercy Enterprises, I,	1C			
(Name of Corporation as currently fi	led with the Florida Dept. of State)			
P15000086788				
(Document Number of Co	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the follo	wing amer	ndment	(s) to
A. If amending name, enter the new name of the corporation:				
	·	The	new	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A B. Enter new principal office address, if applicable:	". A professional corporation name mu		n the	
(Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable:	N/A	HARY OF STAT	R 2 P 1: (
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the		-ĕ	
	114			
Name of New Registered Agent	~/#			
(Florida street	address)			
New Registered Office Address:	, Florida			
(Ci	(y) (d	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 of	on.		
Signature of New Regi	stered 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 <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.

Example: X Change	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i) Change	VP	Scott Cercy	12530 Dunn Creck Ray Jax, FL 32218
Add		,	Jax, FL 32218
X Remove			W-1-344-0
2) Change	(00)	Cynthia Haynes	
Add		,	
Remove	٧P	La Mandi	
3) Change	<u>V 1</u>	Kenneth Dowling	12530 Dunn Creek Re Jacksonville, FC 32218
Add			Jacksonville, FC 3CC18
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ласн ийиниопин SNee	g additional Art ets, if necessary).	(Be specific)	_			
	NA					
	P117		<u> </u>		·	
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an amendment pro	ovides for an exc	hange, reclassifi	cation, or cancel	lation of issued s	nares	
rovisions for imple	menting the am	endment if not co	ontained in the a	mendment itself	1	
(if not applicable						
		NIA				
				 		
		•				
			,			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, t document's effective date on the Department 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. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dateci 3/17/16	
Signature The	
(By Adirector, 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	r court
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Orosidon+	
(Title of person signing)	