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(Re	questor's Name)	, , , , , , , , , , , , , , , , , , , ,		
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SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
OF THE STATEMS
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COVER LETTER

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		COVER LETTER	•	,
TO: Amendment Section Division of Corporation				6 JAH II EL S. I.S.
NAME OF CORPOR	ATION: EXECUTIVE OFF	FICES NORTH TAMPA, II	NC.	# 9500 1000
	ER: P15000091530			1) (Sp.
	f Amendment and fee are su			9. 15
Please return all corresp	oondence concerning this ma	tter to the following:		· ·
ī	DREW LEVINE			
		Name of Contact Person	1	
_		Firm/ Company		
7	715 E Bird Street			
		Address		
] _	Гатра, FL 33604			
		City/ State and Zip Code	e	
levined	drew@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Drew Levine		at (³⁰⁵	988 4133	
Name of	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amer Divis P.O. I	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment Articles of Incorporation of

EXECUTIVE OFFICES NORTH TAMPA, INC.

P15000091530

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

	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpo	The new rporated" or the abbreviation oration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		DREW ELVINE	
C. Enter new mailing address, if applications address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the new	<u>id/or registered office add:</u> w registered office address	ress in Florida, enter the n :	<u>rame of the</u>
Name of New Registered Agent	DREW LEVINE		
	(Florida str	eet address)	
New Registered Office Address:	715 Bird Street, Tampa,		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent	<u>.</u>	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SIZEMORE STEPHANIE	715 Bird Street 2nd Floor
Add			Tampa, FL 33604
X Remove			
2) Change	p	LEVINE DREW	715 Bird Street 2nd Floor
X Add			Tampa, FL 33604
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s (Be specific)				
				 	
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				<u></u>	
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					_
f an amendment provides for an exc	hange, reclassificati	on, or cancellatio	n of issued sha	res,	
provisions for implementing the ame	endment if not conta	<u>iined in the amen</u>	<u>dment itself:</u>		
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)	-				
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					
(if not applicable, indicate N/A)					

•	January 6th, 2016	
The date of each amendment(s)		, if other than the
late this document was signed.	15 P2	
	nuary 16th, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	t
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	21	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
January 6	5th, 2016	
Dated	Hew Set	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Drew Levine	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	