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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: M. Burt and Assoc	ciates, Inc.	
DOCUMENT NUM	IBER: P15000100696		
The enclosed Article.	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Henry J. Burt		
		Name of Contact Person	
	M. Burt and Associates, Inc.		
		Firm/ Company	
	3991 Pepper Place		
		Address	
	Cocoa, FL 32926		
		City/ State and Zip Code	
: In In			
J008	smn12lbs@yahoo.com	1000	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Henry Burt		at (<u>321</u>	_) 652-3808
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

17 J. 10 P. 2: 14

M. Burt and Associates, Inc	4 , 7
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P15000100696	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
N/A	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	. N/A
(Principal office address MUST BE A STREET ADD	PRESS)
C. Enter new mailing address, if applicable:	N/a
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>
D. If amounting the analysis of a section of	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
N/A	
Name of New Registered Agent	
	(Florida street address)
N/A	(rioriai sireel quaress)
New Registered Office Address:	, Florida
	(CHy) (24)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture 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: 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>	Name	<u>Addres</u> s
1) Change	D	Sean M. Burt	2447 Mercury Drive
Add			Cocoa, FL
X Remove			32926
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			V-12/1-2-12-12-12-12-12-12-12-12-12-12-12-12-
Add			
Remove			
6) Change		_	
Add			
Damoua			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
1/A	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/01/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date videous Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
07/06/20	017	
Signature		
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Henry J. Burt	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	