P15000002317

(Re	equestor's Name)			
(Ac	idress)			
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. (Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT.	MAIL		
(Ві	siness Entity Nan	ne)		
(Do	ocument Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONSONACE CO	RP
DOCUMENT NUMBER: P15000102317	
The enclosed Articles of Amendment and fee are sub	emitted for filing.
Please return all correspondence concerning this matt	er to the following:
STEFAN K AMBROSE	
	Name of Contact Person
CONSONANCE OF GAINES	
CONSONANCE OF GAINES	
CION ON OCCUMENT	Firm/ Company
5122 SW 86TH TERR	<u> </u>
	Address
GAINESVILLE, FL 32608	
-	City/ State and Zip Code
stefankambrose@gmail.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
CAROLYN GODDARD	352 338-0424
Name of Contact Person	at (352) 338-0424 Area Code & Daytime Telephone Number
Contact is a sheet for the following amount made m	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State.
\$35 Filing Fee Certificate of Status Talrealy YECK (UN)	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

RECEIVED
16 HAR 25 AM II: 06

DEFATABLE OF STATE BIVISION OF COMPORATION TALLA HASSEE, FLORIDA



March 21, 2016

STEFAN K. AMBROSE CONSONANCE OF GAINESVILLE INC 5122 SW 86TH TERRACE GAINESVILLE, FL 32608

SUBJECT: CONSONACE CORP Ref. Number: P15000102317

We have received your document for CONSONACE CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

frene Albritton
Regulatory Specialist II

Letter Number: 416A00005752

Articles of Amendment to Articles of Incorporation of

filed with the Florida Dept. of State)
•
Corporation (if known)
Clorida Profit Corporation adopts the following amendment(s)
The new
" "company," or "incorporated" or the abbreviation oo". A professional corporation name must contain the A."
18 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1
ess in Florida, enter the name of the
et address)
, Florida
City) (Zip Code)

Signature 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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	a)	
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
1) Change					
Add					
Remove				٤	
2) Change		_			
Add					
Remove					
3) Change		_			
Add				J	
Remove					
4) Change		_			
Add					
Remove				غ ن	
5) Change					
Add		_			
Remove					
6) Change		_		<u> </u>	
Add					
D					

If amending or adding addition (Attach additional sheets, if necessity)	essary). (Be specific)	mgetaj nere.		
				
				
		-		
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		•		
				<u>. </u>
				
		<u></u>		
		· · · · · · · · · · · · · · · · · · ·		
If an amendment provides for provisions for implementing	an exchange, reclassi	fication, or cancellatio	n of issued shares,	
(if not applicable, indicate	N/A)	contanto in the union		
		<i>:</i>		
				
		<u></u>		
		<u>,</u>		

J	
The date of each amendment(s) adoption:, if other the date this document was signed.	nan the
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, this date will not be listed locument's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/24/16 Signature	
(By a director, 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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	