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08/21/2003

23 JUL 25 PH 7: 36

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ARP OF	Central Florida Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
<u> </u>	Name of Contact Person  Fral Floricla Inc.  Firm/ Company		
4349 Bahia			
	Address		
Zephyrhills	Floricla 33541 City/ State and Zip Code		
OOP OF Centro E-mail address: (to be us	cal Florida (agmail. Com sed for future annual report redification)		
For further information concerning this matter, pleas	se call:		
Carley Douglas	at ( <u>BI3</u> ) <u>747 - 5000</u> Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AAP of Central Flurida (Name of Corporation as currently	Filed with the Florida Dept. of State)	
NIA		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation;	Torida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	23 101 35
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	7: 3
Name of New Registered Agent N/A		o
(Florida stre	et address)	
New Registered Office Address: N A	•	/e
	City) (2	ip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the positio	л.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u> <u>John</u>	1 Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sali</u> y	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TS	Noncy Nigro	4349 Bahia Dr
Add		, ,	Zephyrhilk FL 33541
	TS	Carley Douglas	3533 Washington Rd. Valrico Fl 33594
Remove 3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	E. If amending or adding addi (Attach additional sheets, if no	onal Articles, en	ter change(s) he	<u>re</u> :		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	. 1					
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NA	provisions for implementing	g the amendment	eclassification, of tif not contained	r cancellation of l in the amendme	issued shares, ent itself:	
	NA					
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The date of each amendment(s) adoption: 20 2023 , if other than the date this document was signed.
Effective date if applicable: JULY 20 2023  (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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 Robert Nigro
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)
President
(Title of person signing)