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JAN 03 2017

C LEWIS

**COVER LETTER** 

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:

P.O. Box 6327

Tallahassee, FL 32314

DOCUMENT NUMBER: <u>F / 606000 526</u> 4
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rochelle C WARD
Name of Contact Person
CHR KNTRAPRISKS /NC
Firm/ Company
+378 W ATLANTIC BLUD STRIO
Address
MARGATE FL 33063
City/ State and Zip Code
Roche lle @ cheenterprisesux con
E-mail address: (to be used for future annual repgit notification)
:
For further information concerning this matter, please call:
Lochelle Curso 31 954, CHR-788/
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations . Division of Corporations

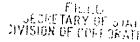
Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

10



Articles of Incorporation CHIZ IZNITERSRISKS

(Name of Corporation as
P1606660 320 4 2016 DEC 28 PH 4: 11 (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (Zip Code) (City) 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. Signature of New Registered Agent, if changing

MAC COTO GIANC

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> <u>John l</u>	<u>Doe</u>	
X Remove	V Mike	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l)Change	CFO	GRRTAL NORRIS	3101 JEFFERSON SOUNTE CT
Add	,		SOUNTR CT
Remove			DRCATUR, GA 30030
2) Change			
Add			
Remove			
3)Change			
Add .			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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If an amendment provides for an excha	ange, reclassifica	tion, or cancella	ntion of issued s	hares,	
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not con	tained in the an	nendment itself:		
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The date of each amendment(s) adoption:	p II luly	_, if other than the
date this document was signed.	DIVISION OF CORPORATION	
Effective date <u>if applicable</u> :		
(no more ti	ran 90 das Wiel dmenument file date)	
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record		not be listed as the
Adoption of Amendment(s) ( <u>CHECK_ONE</u> )		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval	
by(voting group)	,	
(voting group)		
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ctors without shareholder action and shareholder	2016
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	030 10% 1
Dated 12/23/16		ARY UI
2		# 25 E
Signature	<del>}</del>	
	officer - if directors or officers have not been	2
selected, by an incorporator it appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or other court	
D /	// / 1	
Kuchel	le WARD	
(Typed or pri	nted name of person signing)	<del></del>
CRO		
(1	Fitle of person signing)	