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## **COVER LETTER**

Division of Corporations **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: natherine. Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation

of

	rearporated
(Name of Corporation as currently	filed with the Florida Dept. of State)
P160006040	75
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Fl$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	Th
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1419 Catherine ST
(Principal office address MUST BE A STREET ADDRESS)	1419 Catherine ST OR Lardo, FL 32801
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1419 Catherine SIT
	ORL FL 32801 1
	10 10 10 10 10 10 10 10 10 10 10 10 10 1
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent James	Demarko & SS
1594 Commo	
New Registered Office Address: ORlando	, Florida 32814
(Ci	iy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
()	<b>\</b>

## 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 Doc	
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
I) Change	<u>P</u>	David Muyres	1409 Kingsley Ave
Add Remove			1409 Kingsley Ave Swite 2 Orange Park, Dh 320
2) Change Add	P	Kimberry McFarland	1419 CathernesT ORL FL 32801
Remove 3 ) Change Add	<u>v</u> P	Ashley Dite	1419 Catherine ST ORL FZ 3280
Remove 4) Change Add		<del>-</del>	
Remove 5) Change Add			
Remove 6) Change Add			
Remove			<del></del>

<b>If amending or adding a</b> Attach <i>additional sheets</i> .	if necessary).	(Be specific)				
NONE						
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an amendment provide	os for an avaha	ngo rodovsiGo	ation or any	11 a 43 = # *		
<u>rovisions for implemen</u>	iting the amend	dment if not co	ntained in the	amendment its	<u>o snares,</u> elf:	
(if not applicable, inc	dicate N/A)					
NONE						
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The date of each amendment(s) adoption: 7/14/17 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The funds to be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Kemberly UCFarland "	
☐ The amendment(s) was/were adopted by the board of directors without shareholder actio action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	d shareholder
Dated	
Signature Kumbuly MFarlance  (By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
(Typed or printed game of person signing)	nd
TVCS(dent (Title of person signing)	