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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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April 6, 2016

ROGER ROVIRA ADVANCE SUCCESS INC 3424 SAILING WINDS WAY LEESBURG, FL 34748

SUBJECT: ADVANCE SUCCESS INC.

Ref. Number: P16000008284

We have received your document for ADVANCE SUCCESS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CHECK ONE BOX ON PAGE 4 OF 4

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.

Cathy A Carrothers Regulatory Specialist

Letter Number: 216A00007058

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: ADVANCE SUCC | ESS INC. | | | |
|--|---|---|--|--|--|
| | BER: P16000008284 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this mat | ter to the following: | | | |
| | ROGER ROVIRA | | | | |
| | | Name of Contact Person | 1 | | |
| | ADVANCE SUCCESS INC. | | • | | |
| | ADVANCE SOCCESS INC. | | | | |
| | | Firm/ Company | | | |
| | 3424 SAILING WINDS WA' | Y | | | |
| • | | Address | | | |
| | LEESBURG, FL 34748 | | | | |
| | | City/ State and Zip Code | e | | |
| | | | | | |
| ADV. | ANCESUCCESSINC@GMAI | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information | n concerning this matter, please | e call: | | | |
| ROGER ROVIRA | | at (352 | 267-3450 | | |
| Name o | of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check for | r the following amount made p | ayable 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) | | |
| 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 | | | |

Articles of Amendment to Articles of Incorporation of

| ADVANCE SUCCESS INC. | | | |
|--|--------------------------------|--|---|
| | of Corporation as currently | filed with the Florida Dept. of State) | |
| P16000008284 | | · | |
| | (Document Number of | Corporation (if known) | 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this I | Florida Profit Corporation adopts the follow | wingramendment |
| A. If amending name, enter the new na | me of the corporation: | | 15 I |
| N/A | | | The new |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat | ation "Corp," "Inc," or "C | ," "company," or "incorporated" or the Co". A professional corporation name mi P.A." | abbreviation |
| B. Enter new principal office address, if applicable: | | | |
| (Principal office address <u>MUST BE A ST</u> | | | |
| | , | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applie (Mailing address MAY BE A POST C | | N/A | ···- |
| | | | |
| | | | |
| D. If amending the registered agent and | | ss in Florida, enter the name of the | |
| new registered agent and/or the new | v registered office address: | | |
| Name of New Registered Agent | N/A | | |
| | | | |
| | (Florida stree | et address) | _ |
| | N/A | | |
| New Registered Office Address: | | , Florida(Zity) (Z | ip Code) |
| | Į, | (Z | ip Coue) |
| | | | |
| New Registered Agent's Signature, if ch | nanging Registered Agent: | th and appare the ablications of the contin | _ |
| nereby accept the appointment as registe | erea agent. 1 am Jamiliar wi | th and accept the obligations of the positio | n. |
| | | | |
| • | | | |
| | | | |
| | Signature of New Re | gistered 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) | Title | <u>Name</u> | <u>Addres</u> s | | | |
| 1) Change | V | EDELIS MORALES | 10715 NW 16TH PL | | | |
| X Add | | | OCALA, FL 34482 | | | |
| Remove | | | | | | |
| 2) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 3)Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| Che | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| √A. | ach additional sheet. | s, if necessary). | (Be specific) | | | |
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| uro | n amendment provi ovisio <u>ns</u> for implem | ides for an exchi lenting the ame | ange, rectassific | ation, or cancein | <u>uion of issueu snai</u> iendment itself: | <u>es,</u> |
| | (if not applicable, | indicate N/A) | | | | |
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| 03/30/2016 | |
|---|----------------------|
| The date of each amendment(s) adoption: | _, if other than the |
| date this document was signed. | |
| N/A Effective data if applicables | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 70 days after amenament file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | 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 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 N/A | |
| 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. | |
| 03/30/2016 | |
| Dated | |
| | |
| 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) | |
| ROGER ROVIRA | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of nerson signing) | |