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SECHCIARY OF STATE
TALLAHASSEE, FLORID

C. GOLDEN MAY 1 1 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BRYAN BRADY	INC			
DOCUMENT NUMBER: P16000017120				
The enclosed Articles of Amendment and fee are sul	bmitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
EDWARD J SERRA CPA				
	Name of Contact Person			
SERRA & COMPANY				
	Firm/ Company			
6118 W CORPORATE OAK	S DR			
	Address			
CRYSTAL RIVER, FL 3442	9			
	City/ State and Zip Code			
ED@SERRACPAFIRM.COM				
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please				
EDWARD SERRA CPA	at (352 794-3879			
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	□\$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			

Articles of Amendment

of

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P16000017120		(3)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amends
A. If amending name, enter the new na	me of the corporation:	
N/A		The no
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain to "P.A."
B. Enter new principal office address, i		160 N FLORIDA AVE
(Principal office address MUST BE A ST		INVERNESS, FL 34453
C. Enter new mailing address, if applic	nahla:	
(Mailing address MAY BE A POST C		1761 W CITRUS SPRINGS BLVD
		CITRUS SPRINGS, FL 34434
D. If amending the registered agent and		
new registered agent and/or the new		ss:
Name of New Registered Agent	BRYAN A BRADY	
R R.A.	1761 W CITRUS SPRIN	IGS BLVD
1 rewadares)	(Florida s	treet address)
New Registered Office Address:	CITRUS SPRINGS	. Florida 34434
New Registered Office Address.		(City) (Zip Code)
		ı <u>t:</u>
New Registered Agent's Signature, if ch		
		with and accept the obligations of the position.

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	$\underline{\mathbf{v}}$	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				N/A
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti. (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of t
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	et for the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 5/7	18	
Signature /	3	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	-
appoi	nted fiduciary by that fiduciary)	
	BRYAN A BRADY	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	