P16000020180

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Associated Capital	enterprises, Inc.		
DOCUMENT NUME	P16000020180 BER:		, and a second s	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Robert Polack			
	Name of Contact Person Associated Capital Enterprises, Inc.			
	8612 Sorano Villa Dr.	Firm/ Company		
	Tampa, FL 33647	Address		
		City/ State and Zip Cod	e	
rober	tpolack@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Robert Polack		727 at (514-1612	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Associated Capital Enterprises, Inc. (Name of Corporation as currently filed with the Florida Dept. of State P16000020180 (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: The new 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." 8612 Sorano Villa Dr. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) Tampa, FL 33647 C. Enter new mailing address, if applicable: 8612 Sorano Villa Dr. (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33647 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 8612 Sorano Villa Dr. (Florida street address) 33647 Tampa New Registered Office Address: Florida (City) (Zip Code) 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

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>	John Doe		
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>	Address	
1) Change	VS	Ellen F. Polack	8612 Sorano Vill Dr.	
X Add			Tampa, FL 33647	
Remove				
X 2) Change	PT	Robert E. Połack	8612 Sorano Villa Dr.	
Add			Tampa, FL 33647	
Remove			· 	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add	. · · ·			
Remove				
6) Change				
Add				
Remove				

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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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The date of each amendment(s) 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)	
	(no more man >0 days agree anteriament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state. For each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated6/	16/2016	
Signature(By a	a director, president or other officer - if directors or officers have not bee	 en
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other control fiduciary by that fiduciary)	
	Robert E. Polack	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	