# P160000021517

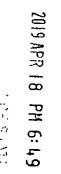
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN APR 2 6 2019

# **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: LAW OFFICE OF BICKARD M. BENRO
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  LAN OFLIE OF BINDARY  Firm/ Company  1401 Frank Way #600  Address  West Palm Geach, FL 3340  City/ State and Zip Code  RICHARD 6618 USI 1 C 300, 1. Com  E-mail address: (to be used for future annual report botification)
For further information concerning this matter, please call:
Richard M. Benros   at (561) LIP-1958  Name of Contact Person   Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$\\$\\$\$ \$35 Filing Fee \tag{Certificate of Status}  \text{Certified Copy}  \t

## **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

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to

(Name of Cornor	ration as currently filed with the Florida Dept. of	State)
•	00021517	,
	cument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopt	ts the following amendment(s)
A. If amending name, enter the new name of the		<i>T</i>
name must be distinguishable and contain the v	word "corporation," "company," or "incorporation orp," "Inc," or "Co". A professional corporation	The new ed" or the abbreviation n name must contain the
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regi- new registered agent and/or the new register	stered office address in Florida, enter the name o	of the
Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	(City)	orida(Zip Code)
		mp Conty
New Registered Agent's Signature, if changing I		.,
thereby accept the appointment as registered agen	nt. I am familiar with and accept the obligations of	the position.
S	ignature of New Registered Agent, if changing	PR 8

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u>-</u>	
<del></del>	
or an amendment provides for an exchange of a superpositions for implementing the superpositions of the superpositions are superpositions.	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	HOMER TO THE CONTRACT OF THE RESERVE CONTRACT CO
	. 4.42

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The date of each amendment(s) adoption:
ffective date if applicable:  (no more han 90 days after amendment file date)
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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"  (voting group)
(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.
Dated 4/15/19
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

the

the