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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Fountains of Bayv	iew Development Group In	c
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Lilia Perez		
		Name of Contact Person	1
		Firm/ Company	
	2511 Mauritania Road		
		Address	
	Punta Gorda, Florida 33983		
		City/ State and Zip Code	e
Lily6	1463@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Lilia Perez		786	208-5140
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:
S35 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Fountains at Bayview Development Group Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000025578 (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) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: **Business Administrative Solutions Inc** 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Lilia Perez Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

2511 Mauritania Road

Punta Gorda

Signature of New Registered Agent, if changing

(Florida street address)

(City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Chang 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			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	P	Jesse R Villaverde	2511 Mauritania Rd		
Add X Remove			Punta Gorda, FL 33983		
2) Change	PT	Lilia Perez	2511 Mauritania Rd		
X Add			Punta Gorda, FL 33983		
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add			·		
Remove					

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	 -			
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If an amendment provides for an exch	ange, reclassificati	on, or cancellat	ion of issued sha	ires,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not cont	ained in the ame	ndment itself:		
(if not applicable, indicate NIA)					
	_ 				
				- .	
	- u				
					
-	-			*****	

	April 17, 2019		
The date of each amendment(s) ad	ption:	· · ·	if other than t
date this document was signed.	17, 2019		
Effective date if applicable:			
	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in this b document's effective date on the De		statutory filing requirements, this date v	will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were ado by the shareholders was/were su	•	ber of votes cast for the amendment(s)	
	oved by the shareholders through vach voting group entitled to vote so	coting groups. The following statement eparately on the amendment(s):	
"The number of votes cast	or the amendment(s) was/were suff	icient for approval	
by			
	(voting group)		
☐ The amendment(s) was/were ado action was not required.	ted by the board of directors witho	out shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	ted by the incorporators without sh	narcholder action and shareholder	
April 17, 20	19		
Dated			
	\mathcal{L}		
Signature			
		f directors or officers have not been Is of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	is of a receiver, trustee, or other count	
••			
	Lilia Perez		
	(Typed or printed name	of person signing)	
	T X. C		
	(Title of pers	son signing)	