P16 000033557

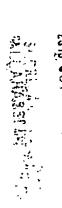
(Requestor's Name)
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10/04/19--01019--018 **



COVER LETTER

TO: Amendment Section Division of Corporations

CATION CONSULTING, II	NC
ubmitted for filing.	
atter to the following:	
Name of Contact Person	n
S & ASSOCIATES, P.A.	
Firm/ Company	
NIT 109	
Address	
OA 32095	
City/ State and Zip Cod-	e
sed for future annual report	notification)
ace call:	
ine carr.	
904 at (819-6959
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio Clifton	Address Iment Section on of Corporations Building
	Name of Contact Person S & ASSOCIATES, P.A. Firm/ Company NIT 109 Address DA 32095 City/ State and Zip Cod ised for future annual report ase call:

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SHOBER RELOCATION CONSULTING, INC.

(Name o	of Corporation as curres	ttly filed with the Florida Dept. of State)	17
P160000333557			- 13
· · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	s Florida Profit Corporation adopts the follo	wing amendme
A. If amending name, enter the new na	ame of the corporation:		
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or th "Co". A professional corporation name m "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		670 A1A Beach Boulevard	
		Suite B	
		St. Augustine, Florida 32080	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		670 A1A Beach Boulevard	
		Suite B	
		St. Augustine, Florida 32080	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agem	Law Offices of Curtis &	Associates, P.A.	
	701 Market Street, Unit	109	
	(Florida	street address)	
New Registered Office Address:	St. Augustine	. Florida) 5
			Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	St. Augustine	. Florida 3200	•

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 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Then 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 Chan, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	SD	Martha Victoria	1164 Kingston Street
Add			Costa Mesa, CA 92626
Remove			
2)Change	PDT	Denny R. Harris	435 Marsh Point Circle
Add			St. Augustine, FL 32080
Remove			
3) Change			,
Add			
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	
(Attach daditional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
	
	· · · · · · · · · · · · · · · · · · ·
If an amandment provides for an exch	ange realestification or severallation of issued above
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)

	ther th
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	listed
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	
(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 Splenber 10, 2019 Signature Munica	
Signature Muny E. Harris	
(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)	
DEWNY R. HARRIS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	