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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BRAINARD DEVI	ELOPMENT & CONSUL	TING, INC.	
DOCUMENT NUMBER	P16000042161			
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
SC	COTT BRAINARD			
		Name of Contact Perso	n	
BRAINARD DEVELOPMENT CO., INC.				
		Firm/ Company		
10	7 WIMBLEDON COURT		•	
	····	Address		
RI	EDINGTON SHORES, FL	33708		
		City/ State and Zip Cod	le	
BRAINA	ARD.DEVELOPMENT@G	MAIL.COM		
	E-mail address: (to be use	ed for future annual report	notification)	
For further information co	oncerning this matter, please	e call:		
SCOTT BRAINARD		at (727	366-8394	
Name of (Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for th	e following amount made p	ayable to the Florida Dep	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)	
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Cliftor	Address Innent Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BRAINARD DEVELOPMENT & CONSULTING, INC.

(Name of Corporation	as currently filed with the Florid	a Dept. of State)		
P16000042161				
(Documen	t Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this <i>Florida Profit Corpora</i>	tion adopts the fo	llowing amend	ment(s)
A. If amending name, enter the new name of the corporate	oration:			
BRAINARD DEVELOPMENT CO., INC.			The n	ew
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	"Inc," or "Co". A professional c	ncorporated" or orporation name	the abbreviati must contain t	on he
B. Enter new principal office address, if applicable:				_
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)			
•				-
			•	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7	
(Manual Salaria Salari				- ,
			2-7-1 <u>22</u>	- 17
		······································	<u> </u>	- [77]
D. If amending the registered agent and/or registered		ne name of the		J
new registered agent and/or the new registered offi	ice address:	<i>*</i>	3 . .	
Name of New Registered Agent		^	हे , जा	
	(Florida street address)			
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	٠.
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered agent. I ar		gations of the pos	ition.	
Signatur	re of New Registered Agent, if chan	ging		

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
	-		
Add			
Remove			
5) Change		_	
Add			
Remove			
Cherry			
6) Change			
Add			
Remove			

E. II amer (Attach	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
.					
<u>. </u>					
F. <u>If an ar</u>	nendment provides for an excl	hange, reclassification, or cancellation of issued shares,			
provis (if	ions for implementing the ame not applicable, indicate N/A)	endment if not contained in the amendment itself:			
(1)					
					
<u>-</u>					

The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.	of be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 20, 2 Dated Signature	SWIFE P	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SCOTT BRAINARD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	