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JUN 28 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ATARAXIA ENTI	ERPRISE, INC.	
DOCUMENT NUMB	D14000060224		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
	WARREN WILLIAMS		
-		Name of Contact Person	
-		Firm/ Company	
ı	618 GRAVEL BROOK COU	IRT	
_		Address	
•	CARY, NC 27519		
-	 	City/ State and Zip Code	;
Warre	n Williams <warwilljr@gmai< td=""><td>il.com></td><td></td></warwilljr@gmai<>	il.com>	
	E-mail address: (to be us	ed for future annual report	notification)
For further information WARREN WILLIAM	concerning this matter, pleas		630- 3682
	f Contact Person	at () 630- 3682 de & Daytime Telephone Number
	the following amount made		
\$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 Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Issaee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to poration

	Articles of Incor
	of
TARAXIA ENTERPRISE, IN	C.
	Name of Corporation as currently f

P16000050224		
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the foll	owing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name n	nust contain the
B. Enter new principal office address, if applicable:	301 WEST BAY STREET	77 W
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 1030	W 2
	JACKSONVILLE, FLORIDA 32202	2 A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	301 WEST BAY STREET	F1.08811 15 15 15 15 15 15 15 15 15 15 15 15 1
· •	SUITE 1030	
	JACKSONVILLE, FLORIDA 32202	
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr		
Name of New Registered Agent LILES GAVIN, P.A.		
301 WEST BAY STRE	EET, SUITE 1030	
(Florida	street address)	
New Registered Office Address: JACKSONVILLE	, Florida,	:02
	(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.

Example: X Change	PT	John Do	<u>e</u>	
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				
6) Change	-			
Add				
Remove				

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The date of each amendment(s) adoption:		a care area are
date this document was signed.		
6/13/2016		
Effective date if applicable:		
	(no more)than90days/after/amendi	mentifite(date)
, ,		
Note: If the date inserted in this block does	not meet the applicable statutory filling	oth as bestill ed son liky etab eith æmentlypen g
document's effective date on the Department	of State's records.	
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Adoption of Amendment(s)	HECKONE)	
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