## P.16000059536

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AUG 22 2016 C MCNAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CYCLOPY REAGON, Inc.
DOCUMENT NUMBER: 1000000000000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cydney Reagan Name of Contact Person
Firm/ Company
416 Black Oak Lane
Address
Ormand Beach FL 32174
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cydney Reagan at (386) 882-6644  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Enclosed is a check for the following amount made payable to the Florida Department of State.
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section  Division of Comparations  Division of Comparations
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

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	to	4.	6 9
	Articles of Incorp	oration	0 31
Cydney Rea	gan, Inc.		
(Name o	Corporation as currently fil	led with the Florida Dept. of State)	
P1600005953	36		
	(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flori	rida Profit Corporation adopts the followi	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Cudiney Deno	20 0		
CYCITICY RUGG			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ation "Corp," "Inc," or "Co'	"company," or "incorporated" or the c". A professional corporation name must. "."	a coreviation t contain the
B. Enter new principal office address, i			·
(Principal office address MUST BE A ST	<u>KEET ADDRESS</u> )		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	c <u>able:</u> OFFICE BOX)		
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	d/or registered office address v registered office address:	in Florida, enter the name of the	
	(Florida street e	address)	_
	•		
Now Dogistored Office Address:		Florida	

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

(City)

(Zip Code)

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.

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)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additio</i>	r adding additional Art nal sheets, if necessary).	(Be specific)			
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<u>provisions fo</u>	ent provides for an exc r implementing the ame	hange, reclassific endment if not co	ation, or cancella ntained in the am	tion of issued sha	ares.
(if not ap	plicable, indicate N/A)				
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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The date of each amendment(s) at date this document was signed.	loption:, if other than th
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	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved 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.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_8/2	-12016
Signature	duey Reagan
(By a d selecte	rector, 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
	red fiduciary by that fiduciary)
	Cycline Reagan (Typed of printed name, of person signing)
	President
	(Title of person signing)