## P16000074192

(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CONTINGENCY	TAN INC	
DOCUMENT NUM	BER: P16000074192		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DAVID ROMMEL		
	<del></del>	Name of Contact Persor	1
	CONTINGENCY TAN INC		
		Firm/ Company	
	6700 CLEVELAND DR		
		Address	
	PUNTA GORDA FL 33982		
		City/ State and Zip Code	2
iimst	evens@embarqmail.com		
<del></del>	<del>-</del> •	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
JAMES E STEVENS	EA	at (941	457-6790
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made j	bayable to the Florida Depa	rtment 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)
Amo Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

16 OCT 24 PAIR: 45

## Articles of Amendment to Articles of Incorporation of



CONTINGENCY TAN INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P16000074192		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
N/A		The new
	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli	anhlas	
(Mailing address MAY BE A POST		N/A
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new	v registered office address:	<u>!</u>
Name of New Registered Agent	DAVID ROMMEL	
	6700 CLEVELAND DR	
	(Florida stro	cet address)
New Registered Office Address:	PUNTA GORDA	Florida 33982
Here Registered Office Hadress.		(City) (Zip Code)
		4
New Registered Agent's Signature, if c	hanging Registered Agent:	Ayk and accept the obligations of the position.
I hereby accept the appointment as regis	erea agent. Tam jamiliay g	ny and accept the obligations of the position.
× //	10/1	
1	Signature of New R	existered Agent, if changing
	1	/

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>	<u>John Doe</u>	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P,T	CORY ROMMEL	6700 CLEVELAND DR
Add			PUNTA GORDA FL 33982
X Remove			
2) X Change	PST	DAVID ROMMEL	6700 CLEVELAND DR
Add			PUNTA GORDA FL 33982
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Kemove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

( www.incomes uncers, if necessary).	cles, enter change(s) here: (Be specific)
/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchange of an exchange of a provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ioment it not contained in the amendment user.
A	
A	
A	
A	
A	
A	
A	
A	

The date of each amendment(s) adoption:	her than th
N/A	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amenament 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 as th
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 × 12/22/46	
Signature X	
(By a director, president or other officer – it 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)	
DAVID ROMMEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	