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C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations DEZZENTE FIL NAME OF CORPORATION: DOCUMENT NUMBER: _ \$1600 0079 398 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ACEVEDO ASSOCIATES LLE BRICKFUL AU FUED ASSO CIATES. WM
il address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation



2016 OCT 11 PM 3: 34 Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered 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)

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 De	<u>oe</u>					
X Remove	<u>v</u>	Mike Jones						
		ı						
X Add	<u>sv</u>	Sally Si	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				Address	
1)@hange	VF	フ 	SAMMER	L.	PEZZEN	TE	BIJCATHE PARK, FL3	
Add							BIJCATUE PARK, FL3	516,
Remove							USA	
2) Change		_				-		
Add								
Remove								
3) Change		_			· · · · · · · · · · · · · · · · · · ·			
Add								
Remove								
4) Change		_						
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5) Change		_						
Add								
Remove								
6) Change				<u>.</u>				
Add						•		
Remove								

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)

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<u>provisions for implementing the ame</u>	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	ifrother than the SECRETARY OF SOUTH
Effective date if applicable: October 5, 2016. (no more than 90 days after amendment file date)	2016 OCT PM 3: 34
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"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 sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 5, 2016.	
Signature Warian Region Register (By a director, president obother officer Diff directors or officers have not been applied to the contract of the contract o	
(By a director, president obother officer Wif directors or officers have not been	n
selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	шт
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	