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COVER LETTER

- Division of Corporations NAME OF CORPORATION: Anita Osterhage Co DOCUMENT NUMBER: P16000093055 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anita Osterhage Name of Contact Person Anita Osterhage Co Firm/ Company 5156 Michael Dr Address West Palm Beach FL 33417 City/ State and Zip Code afo33.afo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 7225221

Area Code & Daytime Telephone Number anita osterhage Name of Contact Person 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) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANITA OSTERHAGE, CO

,	
(Name of Corporation as currently f	iled with the Florida Dept. of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE AH DO 46
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:(C	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing

(Attach additional she Please note the office. P = President; V = V Executive Officer; Cheld. President, Treast Changes should be not a change, Mike Jones Mike Jones, V as Rem	cet and/or i ets, if neces r/director tit ice Presiden FO = Chief surer, Direct ted in the fo leaves the c	nrector being added; sary) le by the first letter of the office title; t; T= Treasurer; S= Secretary; D= Dir Financial Officer. If an officer/director or would be PTD. thowing manner. Currently John Doe is	f each officer/director being removed and title, name, and rector; TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office s listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change.
Example; XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Andrea Ortiz	5705 Souchak Dr
X Add			West Palm Beach FL 33417
2) Change			
Remove 3) Change	***		
Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change			

__ Add

__ Remove

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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		··· -	
f an amendment provides for an exch	anne reclassification or cance	Mation of issued shares	
provisions for implementing the ame	adment if not contained in the	amendment itself:	
(if not applicable, indicate N/4)			
· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		-	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot 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(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.	
11/06/2017	
Signature (By a director, president or other officer – if 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)	
Anita Osterhage	
(Typed or printed name of person signing)	
Pres	
(Title of person signing)	