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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORA	TION: CLARY	1 Consulting	Company		
DOCUMENT NUMBER: \$\frac{\rho 16000/0/2/2}{1000000000000000000000000000000000000					
The enclosed Articles of	Amendment and fee are su	abmitted for filing.			
Please return all correspo	ndence concerning this ma	tter to the following:			
	CLARY Con- 2910 Kenny F Tallahassee	City/ State and Zip Code	n pany D-4, Suiate 4/3 323/2		
9 DRANA SAN QULARY Lons of times, Com Email address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Eugene A. C. Name of C	Ontact Person	at ( <u>850</u> Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Mailing	g Address	Street	<u>Address</u>		

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

() Removing comma Fram Company name.

,	Articles of Amendment	-omporting with
	to	
CLARY CONSU	rticles of Incorporation  of O  Omn AAn b	1
(Name of Corporation	n as currently filed with the Florida B	lept. of State)
	10/0/2/2	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida tits Articles of Incorporation:	Statutes, this Florida Profit Corporation	n adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:	ı,
CLARY Consulting Companie must be distinguishable and contain the word		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applicable:	ANGG.	
(Principal office address <u>MUST BE A STREET ADDE</u>	<u>(ESS</u> )	% <sub>€′</sub> 20
C. Enter new mailing address, if applicable:		AR ASS
(Mailing address MAY BE A POST OFFICE BOX	)	
		AH1
		0; 1
D. If amending the registered agent and/or registere	d office address in Florida, enter the	name of the
new registered agent and/or the new registered o		
Name of New Registered Agent		
		ı
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Lip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		tions of the position.
		1
C:	ture of New Registered Agent, if changi	
Signal	iure oj ivew Registerea Agent, ij changti	ng -

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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sir	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		1
Add				- !
Remove				
2) Change		<del>_</del> _		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del>-</del>		
Add				
Remove				

•	(Be specific)				
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	ange, reclassificat	tion, or cancellati	on of issued sh	ares.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
mo more man 20 days after amenament fite dates	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	. 1
☐ 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.	ı
☐ 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	1
action was not required.	
Dated 2/2/18	
Signature S	
(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)	
Eyene 1. Branks in (Typed or printed name of person rigning)	
Executive Vice President (c	owner)
(Title of person signing)	