P17600000577

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	. WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
!				

Office Use Only



700293716337

01/17/17--01017--007 **35.00



1,192

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: Nerd Concepts, Inc.			
DOCUMENT NUMBER: P17000000577				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Rita Jackman			
		Name of Contact Person	1	
	Powell, Jackman, Stevens &	Ricciardi,PA		
		Firm/ Company		
	4575 Via Royale Suite 200			
		Address	 	
	Fort Myers, FL 33919			
		City/ State and Zip Cod	e	
Rjac	kman@your-advocates.org			
<u></u>	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Rita Jackman		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle	
Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Nerd Concepts.Inc			
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>:e</u>)
P17000000577			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation nat	or the abbreviation
B. Enter new principal office address,	if applicable:	16171 San Carlos Blvd Unit 5	
(Principal office address MUST BE A S		Fort Myers, FL 33908	2011
			12 G
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			一篇 一面
(Muning address MAT DE A TOST	OFFICE BOX)		
			70 72
			<u> </u>
D. If amending the registered agent ar	ıd/or registered office add	dress in Florida, enter the name of the	· ··
new registered agent and/or the ne	w registered office addres	38:	•
Name of New Registered Agent	Rita Jackman		
	4575 Via Royale Ste 200		·
	(Florida s	treet address)	
New Registered Office Address:	Fort Myers	, Florida	33919
Her Registered Office Tuniress.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.
		······ and accept the conganions of the	
		>	
<i>(</i> /	- 1		<u> </u>
Y	Signature of New	Registered Agent, if changing	

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 <math>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	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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 additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· . · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment	01/05/2017 (c) adoption	if other than th
late this document was signed		, if other than th
, ,	01/05/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendrere sufficient for approval.	ment(s)
	e approved by the shareholders through voting groups. The following st d 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)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	e adopted by the board of directors without shareholder action and share	cholder
The amendment(s) was/we action was not required.	e adopted by the incorporators without shareholder action and sharehold	ler
01/05	2017	
Dated		
Signature _		
	y a director, president or other officer - if directors or officers have not	been
	lected, by an incorporator - if in the hands of a receiver, trustee, or other	r court
aj	pointed fiduciary by that fiduciary)	
	Mh Tukmer (in coparter a (Typed or printed name of person signing)	(how well ny)
	(Typed or printed name of person signing) (athur real rep) (Title of person signing)	