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Office Use Only



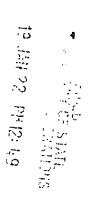
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JAN 2 5 2019 D CUSHING

COVER LETTER

| NAME OF CORPORATION: FSMTA Services, Inc. DOCUMENT NUMBER: P1700009633 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Barbara Sprague Name of Contact Person FSMTA Services Inc. Firm/ Company 3820 North dale Blvd Suite 205A Address Tampa, FL 33624 City/ State and Zip Code Cxecutive divector @ F8mta.org E-mail address: (to be used for future annual report notification) |
| d man address (to be debut to retail distinct report notification) |
| For further information concerning this matter, please call: |
| Barbara Sprague at (407) 784 - 3367 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee Certificate of Status Certified Copy (Additional Copy (Addi |

Mailing Address

TO: Amendment Section

Division of Corporations

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

Street Address

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

is enclosed)



January 3, 2019

BARBARA SPRAGUE FSMTA SERVICES, INC 3820 NORTHDALE BLVD., SUITE 205A TAMPA, FL 33624

SUBJECT: FSMTA SERVICES, INC.

Ref. Number: P17000009633

We have received your document for FSMTA SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The Registered Agent is not an officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 319A00000157

Articles of Amendment

to

Articles of Incorporation

of

| - FOMIA Ser | Vices, Inc. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P1700000 9 | 2633 |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | Th., |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 3820 Northdale Blud. Suite 205A |
| | Tampa, FL 33624 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 3820 Northdale-Blud. |
| | Suite 205 A |
| | Tampa, FL 33624 |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent Darbara | Sprague |
| 3820 Norths | Jale Blvd. Suite 205 A |
| New Registered Office Address: Tampa | Florida 3.3624 |
| . (6 | City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the position. |
| Barbara Sp | roque |
| Signature of New Reg | gistered 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)

Remove

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>oe</u> | | | | |
|----------------------------|--------------|--------------|---------------|---|-------------------------------------------------------------|--|--|
| 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 | E | | Neely, Gregor | Y | 978 Douglas Ave | | |
| Add Remove | | | | | 978 Douglas Ave STE 109 Altamonte Springs, Fl 3271 | | |
| 2) Change | | _ | | | 32 <i>/</i> 1 | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | - | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | - | | | | | |
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| If an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
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| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself: |

| 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) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | 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(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 X 1 15 19 | |
| Signature X Sellaharahar | _ |
| (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) | |
| x Joyce Prahasky | |
| (Typed or printed name of person signing) | |
| Executive President (Title of person signing) | |
| (Title of person signing) | |