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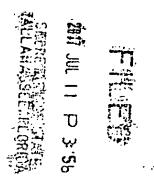
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JUL 17 2017
T. LEMNEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: COX CONSULTER ATS. TNC
DOCUMENT NUMBER: 17000026728
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Consultants  Firm/Company
Carrie of Contact Letson
Firm/ Company
1595 SE Conference Cuch
1595 SE Conference Cicle  Address  Strant Horid 34997  City/ State and Zip Code
City/ State and Zip Code
Gnail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 262-6749  Area Code & 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 & \$\Bar{1}\$\$\$\$ \$\Bar{1}\$\$\$\$\$\$\$ \$\Bar{1}\$
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address  Amendment Section

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

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

## Articles of Amendment to

Artic	les of Incorporation	
	of	
Cox Cox	rsulants 1	1
(Name of Cornoration as	currently filed with the Flor	ido Dont of Class
$\overline{}$		<i></i>
P17	7000026728	
(Document N	lumber of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this <i>Florida Profit Corpo</i>	eration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the and contain		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered" "professional association".	rporation, "company," or	"incorporated" or the abbreviation
word "chartered," "professional association," or the abbre	viation "P.A."	corporation name must contain the
		// -
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>	NA
The span office dutiess most be a street address	()	,
	<del></del>	
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P0 3	Drxie Hay Lerno FC 34992
	//	70/6
	7/35 SE	Drxie Hary
	Part Sal	6 34000
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered agent and/or the new registered offinew registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent agen	ce address in Florida, enter t	the name of the
new registered agent and/or the new registered office a	iddress:	The state of the
Name of New Registered Agent	NA	
Samuel Sa	—— <i>"///</i> /	
<del></del>		
(Fle	orida street address)	
New Registered Office Address:		
	(City)	, Florida
	,,	(Zip Code)
iew Registered Agent's Signature, if changing Registered	<b>A</b>	
hereby accept the appointment as registered agent. I am far	Agent:	gations of the position.
\$	muar wan ana accept the obit	gations of the position.
		TO
Signature	Manu D	
Signature of	New Registered Agent, if chan	ging 5
		ು ಮಾರ್ಚ್ ರ

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>V?</u>	Gregory JN-Bapliste	1595 SE Conference CILLA Stract for 34997
Add Remove			Stuart fr 34997
2) Change Add	<u>Sec</u>	Jordan D. Cox	1595 SE Conference Cincho Stract fl 34997
Remove			Stract Fl 3:4957
3 ) Change			
Add			
4) Change			
Add			
Remove			
5) Change	<del></del> -		
Add Remove			
n Change			
Add			
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	adding additional Artial sheets, if necessary).	(Be specific)	s) nere.		
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- 0 MAAAA	provides for an exchange the amend	ige, reclassification	, or cancellation o	fissued shares,	
<u>n amendment</u> nvisions for ir		ment if not contain	<u>ied in the amendm</u>	ent itself:	
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the date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does to document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CI	ECK ONE)
by the snareholders was/were sufficient for	
the amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amer	dment(s) was/were sufficient for approval
by	
(vol	ing group)
/	ncorporators without shareholder action and shareholder
action was not required.	action and snareholder
Dated	7-///
Signature	he //
(By a director, president)	dent of other officer - if directors or officers have not been
science, by an incom	Poralor - If in the hands of a receiver trustee, or other govern
appointed fiduciary	that fiduciary)
	recory N Cop
C	yped or printed name of person signing)
	yped or printed name of person signing)  Principal
	(Title of person signing)