# P17000028353

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations Mountain Advisors Inc. NAME OF CORPORATION: P17000028353 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: . Barbara Petty Name of Contact Person Mountain Advisors Inc. Firm/ Company PO Box 2330 Address Winter Park, FL 32790 City/ State and Zip Code Barbara@accman.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (206 ) 391-3153

Area Code & Daytime Telephone Number Barbara Petty 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) <u>iling Address</u> Street Address Affiendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

EO: Box 6327

Tallahassee, FL 32314

#### Articles of Amendment to **Articles of Incorporation** of

Mountain Advisors, Inc.

### (Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P17000028353	· '	٠. پي
(Document Numb	per of Corporation (if known)	72
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following at	mendm
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
name must be distinguishable and contain the word "corpo, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbr or "Co". A professional corporation name must con	he nev reviation ntain 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)	PO Box 2330	
	Winter Park, FL 32790	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent		
(Floric	da street address)	
New Registered Office Address:	(City) , Florida (Zip Cod	te)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.	
Simplify of N	lew Registered Agent if changing	

Page 1 of 4

## 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.

X Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>V</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I)Change	P	Barbara K Petty	535 Interlachen Ave
Add			Suite 305
X Remove			Winter Park, FL 32789
2) Change	P	Stephen K Rice	PO Box 2330
X Add			Winter Park, FL 32790
Remove			******
3 ) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
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5) Change			
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6)Change			
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	ticles, enter change(s) here: (Be specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

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The date of each amendment(s) a	March 27, 2017	, if other than the
date this document was signed.		·
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the Do	plock does not meet the applicable statutory filing requirements, spartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amend efficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following seach 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder	cholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehol	der
May 10, Dated	2017	·
Signature 🧀	teden 11. Rue	
(By a d	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or other tiduciary by that fiduciary)	
	Stephen K. Rice	. •
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	