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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATI	on: <u>Chris</u> t	tine Walt	ren PA
DOCUMENT NUMBER:	P1700	0032294	
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this mat	tter to the following:	
		Name of Contact Per Present Suc	ck k Accountants Inc
		S Jaeger 1 Address	0
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For further information con-	•	·	·
Herb T	Buck ntact Person	ar ( <i>J3</i> C	514-4244 Code & Daytime Telephone Number
			•
Enclosed is a check for the	following amount made p	payable to the Florida D	epartment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	& \$\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sum}\symbol{\sum}\simsymbol{\sum}\simbol{\sim}\simbol{\simbol{\sum}\simbol{\simbol{\sum}\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\sim}\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\sind}\simbol{\simbol{\sind}\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\simbol{\si
Division P.O. Box	ent Section of Corporations	Am Div Clif 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle lahassee, FL 32301

## Articles of Amendment

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Articles of Incorporation 17 APR 17 AN II: 00							
Christine Waltren PA							
P1700032294							
(Document Number of Corporation (if known)							
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:							
A. If amending name, enter the new name of the corporation:							
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  MANCO ISLAND, PL 34145							
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SAME AS DE							
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:							
Name of New Registered Agent							
1041 S. CDLLIER BLUD.  (Florida street address)							
New Registered Office Address: MALCO ISLAND, Florida 34141 (City) (Zip Code)							
New Registered Agent's Signature, if changing Registered Agent:							
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.							
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 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	·
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<del> </del>	
Add			/
Remove			/
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		-/	
Add	/		
Remove			
5) Change /	/		
Add			
Remove			
6) Change			
Add			
Remove			

if amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
- Taranta Augusta Augu	
f an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
/	•

The date of each amendment(s) adoption: 4/12/17	, 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.	I 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	
Signature(By a director, president or other officer – if directors or officers have not been	
(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)	) ^
1 Christine Waldren Ti	4
(Typed or printed name of person signing)	7
\	<del>/</del> -

(Title of person signing)