## P1700038356

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	 e #)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations Atlantic Data Group, Inc. NAME OF CORPORATION: \_ P17000038356 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tommy D. Meadows Name of Contact Person Atlantic Data Group, Inc. Firm/ Company 870 N Miramar Ave #309 Address Indialantic FL 32903 City/ State and Zip Code tmeadows813@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tommy D. Meadows Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: X \$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 (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation $\mathbf{of}$

- Alianuc Dala Gibub, inc	Atlantic	Data	Group.	Inc.
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Atlantic Data Group, Inc.				
(Name of C	orporation as currently f	iled with the Florida Dept. of State	<u></u> ;)	
P17000038356				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts the t	following amendme	ent(s) to
A. If amending name, enter the new name	of the corporation:			
			The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n "Corp." "Inc." or "Co	". A professional corporation nam	r the abbreviation	1
B. Enter new principal office address, if a	oplicable:	Atlantic Data Goup, Inc		
(Principal office address MUST BE A STRE		870 N Miramar Ave #309		
		#309 Indialantic FL 32903		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		Atlantic Data Group, Inc.		
		870 N Miramar Ave #309	<b>1</b>	
		Indialantic FL 32903	ALL DO	T
D. If amending the registered agent and/or new registered agent and/or the new re		s in Florida, enter the name of the	13 PM 4: SSEEFFLO	田口
Name of New Registered Agent			22	
	870 N Miramar Av			
	Indialantic		22002	
New Registered Office Address:		, Florida_	32903 (Zip Code)	
	,01	•••	(My Cour)	
New Registered Agent's Signature, if chan-				
I hereby accept the appointment as registered	Lagent. – Lam familiar witi	h and accept the obligations of the pe	osition,	
<del></del>	Signature of New Reg	istered 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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	MICELI, JOHN M	1110 HWY A1A STE 206
Add	-		SATELLITE BEACH, FL 32937
X Remove			
2) X Change	Р	MEADOWS, TOMMY D	870 N MIRAMAR AVE #309
Add			INDIALANTIC, FL 32903
Remove			<del></del>
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			<del></del>
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
•	
	<del></del>

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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ıt.
"The number of votes east 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.	
10/09/2017	
Signature	
(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)	
Tommy D. Meadows	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	