## P17000039350

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SECRETARY OF STATES

JUN 02 2017 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: LECLAIR INVES	TMENTS INC.	
DOCUMENT NUMBE	:R: P17000039350		
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
C	Gary Farmer, Jr.		
<del></del>		Name of Contact Pers	on
Iı	nternational Counsel PLLC		
		Firm/ Company	
1	01 NE Third Ave., Suite 15	00	
		Address	
F	ort Lauderdale, FL 33301		
_		City/ State and Zip Co	ode
c			
grarme	r@international-counsel.com	n sed for future annual repo	
For further information of	concerning this matter, plea	se call:	
Gary Farmer		954 at (	908-3375
Name of	Contact Person	Area C	Code & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida De	partment of State:
Amen Divisi P.O. E	Certificate of Status  ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ame Divis Clifte 2661	Certificate of Status Certified Copy (Additional Copy is enclosed)  et Address Induction Inducti

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

LECLAIR INVESTMENTS INC.

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

P17000039350
(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 amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
LECLAIR GROUP INVESTMENTS INC.  The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. <u>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:</u>
Name of New Registered Agent Robert Leclair
1881 NE 26th Street Suite 218 (Florida street address)
New Registered Office Address: Fort Lauderdale, Florida 33305 (City), Florida (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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
Kemove				
4) Change		_		
Add				
Remove				
6) (1)				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional s</i>	ding additional Ar heets, if necessary).					
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provisions for im	provides for an exc plementing the am able, indicate N/A)	hange, reclassif endment if not c	cation, or cance ontained in the	llation of issued amendment itsel	shares. f:	
•						
	<del></del>	***				

	) adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		dires.
	(no more than 90 days after amendment file dute)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
May 22 Dated	, 2017	
Signature	LA A	
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Robert Leclair	
	(Typed or printed name of person signing)	
	President	
·	(Title of person signing)	