117000040101

(Requestor	'a Nama'
(Requestor	s warne)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
	F
PICK-UP	WAIT MAIL
(Business I	Entity Name)
(Document	Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	fficer:

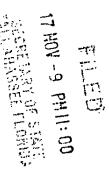
Office Use Only



800305390458

ii/09/17--0i0ii--005 ***

S TALLENT NOV 1 4 2017



Amend

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: South Santord Group of Santord, Inc DOCUMENT NUMBER: P17000040101
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Catina 7icmba Name of Contact Person South Southard Group of Southord, Inc Firm/Company 563 W. Springtree Way Address Lake Mary Fl 32746 Cityl State and Zip Code Catual K 1972 O ADL. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Cating Ziemba at (386) 871-0776
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Ad
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Ad Amendme Division o Clifton Bu 2661 Exect Tallahasse Tallahasse Tuly 3, 2017

Shane You

Articles of Amendment

Articles of Incorporation of

South Soutard Group of	f Sanford Inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17 0000 110	101
Document Number of	f Corporation (if known)
(Document Number o	Corporation (II Miowil)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
	2019 -1
C. Enter new mailing address, if applicable:	NIA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	- T
	<u> </u>
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
,	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar i	
Signature of New K	Registered Agent, if changing
Signature of their h	reducer en rigorn, y vinnignig

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an	d
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	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Gail D. Hicks	596 S. Pal metho tre
Add			Santord, FL
Remove			32771
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 Arti (Attach additional sheets, if necessary).	(Be specific)
NIA	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NIA	
7	
	·

The date of each amendment(s) adoption date this document was signed.	.; <u> </u>	f other than the
Effective date if applicable:	• • • • • • • • • • • • • • • • • • • •	
	(no more than 90 days after amendment file date)	•
Note: If the date inserted in this block do document's effective date on the Department	oes not meet the applicable statutory filing requirements, this date will not lent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of oting 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 action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
selected, by an	president or other officer + if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	(Typed or printed name of person signing) President	
	(Title of person signing)	