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NAME: CORPORATE CENTER CORP

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AUTHORIZATION: ABBIE/PAUL HODGE Orbbie Hodge

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: COICCRITE CETER COIP BOCUMENT NUMBER: P 1000041476
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LANGENCE KRAKON
Name of Contact Person Corporate Corporate Corporate Firm/Connection
1825 N.W. Corporate Rup 110
130 Cb Kbton E 33131
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Purence KRPKOW 30) 300-7587
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	nber of Corporation (if known)	0
rsuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this <i>Florida Profit Corporatio</i>	on adopts the following amendment
If amending name, enter the new name of the corporation	on:	
		The new
ne must be distinguishable and contain the word "corpo orp.," "Inc.," or Co.," or the designation "Corp," "Inc, rd "chartered," "professional association," or the abbrevia	" or "Co". A professional cor.	orporated" or the abbreviation poration name must contain the
Enter new principal office address, if applicable:		7 7 70 100
incipal office address MUST BE A STREET ADDRESS		. 00
Enter new mailing address, if applicable:		***
(Mailing address MAY BE A POST OFFICE BOX)		<u>ون</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 ad	dress:	name of the
Name of New Registered Agent		
Name of New Registered Agent		
	ida street address)	
	ida street address) (City)	, Florida

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:		is oman, as as an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l)Change	$\frac{1}{1}$	WAITER MCPE	EX 1827 N.D. Corp BLID Bock RATUR, F) 3343)
Add Remove			Bock KATUN, F) 3343)
2) Change	V_P_	Fourence Krajcon	BUCK KAton, Fl 33431
Remove 3) Change Add	P		Buch RAton, Fl 33431
4) Remove Add Remove			
5) Change Add Remove			
6) Change Add Remove	<u> </u>		
KUHOYE			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
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novisions for implementing the amend	inge, reclassification, or cancellation of issued shares, dment 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)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption:	, if other than the
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 n document's effective date on the Department of State's records.	ot 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:	26
by	2019 001
(voting group)	· 8
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	17 An
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	္မရ
DatedO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	÷ ₹
(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)	
CTyped or printed name of person signing) Resistero A GEnt	
(Typed or printed name of person signing)	
Lesistero A 6 Ent	
(Title of person signing)	