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Amendico

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BCA Enterprise Inc		
DOCUMENT NUMBE			 .
The enclosed Articles of	**************************************	omitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
C	onna K Hester		
_		Name of Contact Person	n
		Firm/ Company	
1-	4733 96th Pl		
		Address	
L	ive Oak, FL 32060		
		City/ State and Zip Cod	e
dk_live	@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)
For further information o	concerning this matter, please	e call:	
Donna K Hester		at (<u>386</u>	362-1212
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	ayable to the Florida Depa	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ntly filed with the Flor	ida Dept. of State)		
P1700004957				
(Document Number	of Corporation (if kno	wn)		
fursuant to the provisions of section 607,1006, Florida Statutes, the Articles of Incorporation:	is <i>Florida Profit Corp</i> o	oration adopts the follo	wing amen	dment(s)
A. If amending name, enter the new name of the corporation:				
n/a			The	410m²
name must be distinguishable and contain the word "corporac" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". 4 professiona		e abbrevia	tion
and chartered. projessional association, of the active viation	n/a			,
3. Enter new principal office address, if applicable:		 _		<u>:</u> r;
Principal office address <u>MUST BE A STREET ADDRESS</u>)				[
			,	
		-		_ (;;
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a		0.0	_
		r the name of the		
If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.		r the name of the		
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent		r the name of the		
new registered agent and/or the new registered office addre		r the name of the		
Name of New Registered Agent		r the name of the		
Name of New Registered Agent	<u> </u>	r the name of the		

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 Dog	
X Remove	<u>v</u>	Mike Jones	
$X \to X$ Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Donna K Hester	14733 96th Pl
x Add			Live Oak, FL 32060
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			400
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here; (Be specific)
As incorporator of BCA Enteprise Inc. I am	officially adding Donna K Hester as the President of BCA Enterprise Inc effective
immediately.	
	······································
F. If an amendment provides for an exchaprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
u/a	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption	1: 4-27-17	, 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 dedocument's effective date on the Departme	oes not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the am t for approval.	endment(s)
	by the shareholders through voting groups. The following toting group entitled to vote separately on the amendme	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and s	shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and share	holder
9/26/17 Dated		
Signature	ena KNest	>
selected, by a	president or other officer – if directors or officers have n incorporator – if in the hands of a receiver, trustee, or liciary by that fiduciary)	
Donna	K Hester	
	(Typed or printed name of person signing)	
Іпсогр	orator/ Registered Agent	
	(Title of person signing)	

. . . .