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(Re	equestor's Name)	
(Ac	tdress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
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(B	usiness Entity Name)	
(D	ocument Number)	<u> </u>
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Doughty Wealth M	anagement. Inc.	
DOCUMENT NUMBER: P17			
The enclosed Articles of Amend	ment and fee are sub	mitted for filing.	
Please return all correspondence	concerning this matt	ter to the following:	
Ms. Pam	Doughty		
		Name of Contact Persor	1
Doughty	Wealth Management	, Inc.	
		Firm/ Company	
2015 31st	1 Ave		
		Address	.
Vero Bea	ch FL 32960		
		City/ State and Zip Code	:
pam.doughty@	ampf.com		•
· · · · ·	•	ed for future annual report	notification)
		·	
For further information concerni	ng this matter, please	e call:	
James A. Schorner		at (231-5300
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made p	ayable to the Florida Depa	rtment of State:
	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, F1, 32301

Articles of Amendment to Articles of Incorporation of

Doughty Wealth Management, Inc.

/Name of Corporation as curren	itly filed with the Florida Dept. of	Stata)
P17000050234	iny med with the Florida (yept. or	<u>state</u>)
	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Doughty, Inc.		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the abbreviation
B. Enter new principal office address, if applicable:		3 4
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/a	030
		100 CO F
		平円
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
And the second s		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>î the</u>
Name of New Registered Agent n/a		
(Florida :	street address)	
New Registered Office Address:	, Flo	rida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager	nt:	
I hereby accept the appointment as registered agent—I am familia		he 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		
Add				-
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				
rcemove				

E. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
n/a	
	
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F. If an amendment provides for an exclusions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
n/a 	

The date of each amendment(s) adoption:date this document was signed.	, 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 document's effective date on the Department of State's records.	date 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes cast 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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/27/2017	
Signature Jan Lu Loughte	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
Pam M Doughty	
(Typed or printed name of person signing)	
Chairman	
(Title of person signing)	