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SECRETARY CONTRACTION OF DE

JUL 1 3 2017 C McNAIR

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: <u>A STC</u>	0
DOCUMENT NUMBER: P17,000	0056598
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
AS	Name of Contact Person TCO Firm/ Company
1418	8 S Keene Rd
Clea	Address Water, FL 33756 City/ State and Zip Code
	o 17 E 9 mau i (1 m) sed for future soulail report notification)
For further information concerning this matter, pleas	se call:
Teresa Ducady Name of Contact Person	at (727) 337-0428 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	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 Tallahassec, 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	9
	ASCTO THE	M U
(Name of Corpo	pration as currently filed with the Flori	da Dept. of State)
Di	17000056598	· · · · · · · · · · · · · · · · · · ·
1 I	ocument Number of Corporation (if know	/n)
(12)	ocument rumoer of corporation (it know	· · · · ·
rsuant to the provisions of section 607.1006, Fl Articles of Incorporation:	orida Statutes, this Florida Profit Corpor	ration adopts the following amendn
. If amending name, enter the new name of the	ne corporation:	
AS	TCD. TNC.	The no
ame must be distinguishable and contain the	word "corporation," "company," or	"incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "C	Corp," "Inc," or "Co". A professional	corporation name must contain th
ord "chartered," "professional association," or	the abbreviation "P.A."	
Enter new principal office address, if applic	eable:	
rincipal offic <mark>e addres</mark> s <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	
		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
. If amending the registered agent and/or reg	eistered office address in Florida, enter	the name of the
new registered agent and/or the new registe		
Name of New Registered Agent		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
	N-24	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Kegistered Agent: ent I am familiar with and accept the of	blivations of the position.
The many transfer and appropriate age		6 <i>J J</i>

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Add			
5) Change	-		where the state of
Add			
Remove			
6) Change			
Add			
Damasia			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
* ***	
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No. of the second secon	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself;
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
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provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

Fhe date of each amendment(s) adoption:, if other late this document was signed.	than the
Effective date <u>if applicable</u> : (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 not be listed document's effective date on the Department of State's records.	d 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	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-(0-17	
Signature (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)	
Tevesa Ducady (Typed or printed name of person signing)	
Director / Owner	