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2011 MAY -7 PH 2: 16
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN NAY - 9 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Colleen Shields
Name of Contact Person For Pearson Pl. Place Annapolis, MD 21701
City/State and Zip Code Colleen monieles (ocympail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (-110) 507-7964

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

FILED

Articles of Incorporation 2018 MAY -7 PM 2: 16 (Name of Corporation as currently filed with the Florida Dept. of State PI7000059428 Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." blieen Shields B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Peirson Pt Place mare is MD 21401 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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 John I</u>)oe	
X Remove	<u>V</u> <u>Mike</u> .	<u>lones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Directo St	Colleen Shields	701 Peurson Pt.
_X Add			Annegolis Mbargol
Remove	Die out		
2) Change	VP	Ashky Dike	942 warehouse Rel.
X Add			Apt. 7011
Remove	0.0		Orlando, FL 32803
3) Change	<u>D.P.</u>	James Ellis	1419 Catherine St.
Add			Dobondo, FL 32801
<u></u> Remove			
4) Change	D.YP	Kinberly MrFack	nd 1419 Cartunest. Ockado FL32001
Add			Ockndo FL322-01
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add			
Remove			

E. <u>If amend</u>	ling or adding additional Artic	les, enter change(s) he	<u>ere</u> :	
	dditional sheets, if necessary).	(ъе ѕресіліс)		
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Lifan am∉	endment provides for an excha	mge, reclassification.	or cancellation of issue	1 shares.
provisio	ons for implementing the amen	dment if not containe	d in the amendment itse	elf:
(if n	not applicable, indicate N/A)			
				
			-	
				

The date of each amendment(s) adoption:	, 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 does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	fill 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 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 4 3 18	
(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)	
(Typed or printed name of person signing)	
Director 3 President (Title of person signing)	