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COVER LETTER

NAME OF CORPORATION: THEYO ASSET Management Corp

DOCUMENT NUMBER: PI7 DDDD73560

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kayla Collier

Name of Contact Person

Carl G. Hawkins, P.A. - Law Offices of Carl G. Hawkins

Firm/ Company

841 Prudential Dr, Suite 1203

Address

Jacksonville, FL 32207

City/ State and Zip Code

KCollier@ Cappa Com

E-mail address: (to be used for future annual eport notification)

For further information concerning this matter, please call:

Carl G Hawkins

Name of Contact Person

Area Code & Daytime Telephone Number

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

☐ \$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee & Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

☑\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of



Name of Corporation as currently filed with the Florida Dep

(Name of Corporation as currently/filed with the Florida Dept. of State)

P17000013560)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th	n e
B. Enter new principal office address, if applicable:	841 Audential Dr.	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 1203	
	Jacksonville, FL 32207	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	841 Audential Dr.	
	Suite 1203	
	Jacksonville, FL 32207	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
	ns, P.ALaw Offices of Carl G.	Hawkins
841 Pruden	Hal Dr., Suite 1203	
New Registered Office Address: _ \\ \CKSDNVILL	(City), Florida 3207 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		
Effe	>	
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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add		-		
Remove				
3)Change	-	_		
Add				
Remove				
4) Change	.==			
Add				
Remove				
Kemove				
5) Change				
Add				
Remove				
				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)

If an amendment provides for an exch provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoptio	n:	if other than the
date this document was signed.		
Effective date if applicable:	11/7/17	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blook decoument's effective date on the Department	locs not meet the applicable statutory filing requirement ent of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the am t for approval.	endment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the	amondment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopted be action was not required.	y the board of directors without shareholder action and s	harcholder
Tive amoundment(s) was/were adopted be netion was not required.	y the incorporators without shareholder action and share	holder
Dated 11	117	
Signature	MADE	
(By a director	president or other officer - if directors or officers have	
	n incorporator — if in the hands of a receiver, trustee, or e pointy by that fiduciary)	other court
M semioticia	LICHAEL W HAUKIN	2c
	(Typed or printed name of person algaing)	
	CF0	
	(Title of person signing)	