917auw 82600

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
/09	(Ct=t=[7:=(Dh====	
(Ci	ty/State/Zip/Phone #	7)
D DICK UD	D MAKAUT	MAIL
PICK-UP	WAIT	WAIL
(Bı	usiness Entity Name)
	ocument Number)	
(0)	ocument Number)	
Certified Copies	_ Certificates of	of Status
Canaial Instructions to		
Special Instructions to	Filing Onicer.	
		1

Office Use Only



900304777739

10/24/17--01012--005 **35.00

S TALLENT OCT 2 6 2017



17 OCT 23 AH 3: 34 CONTACTOR ORIGINAL TO BEIGH

COVER LETTER

1

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CEDRI	C O'HARA PA		
DOCUMENT NUMBER: P170000826	500		·
The enclosed Articles of Amendment an		g.	
Please return all correspondence concern	ning this matter to the follow	ring:	
CEDRICK O'HA	RA		
	Name of Cor	ntact Person	1
	Firm/ Co	ompany	
4370 SUN CENT	ER RD		
MULBERRY, FL	Add: . 33860	ress	
	City/ State as	nd Zip Code	;
DJBYCK@MSN.COM			
E-mail addre	ess: (to be used for future an	nual report	notification)
For further information concerning this n	natter, please call:		
DAVID BYCK	at (561	350-9278
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the F	lorida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate		ору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Cliston	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CEDRIC O'HARA PA				
(Name of Corporati	on as currently filed with the Flo	rida Dept. of State)		
P17000082600				
(Docum	nent Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corp</i>	poration adopts the following	lowing amendme	nt(s) to
A. If amending name, enter the new name of the co	orporation:			
CEDRICK O'HARA PA			, The new	,
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A profession		the abbreviation	
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)		17	
			30	
	-			<u>-11</u>
C. Enter new mailing address, if applicable:			က် (၂)	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		7:3 A	ED
			<u> ည် ယ</u>	
			<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		er the name of the		
	ottice addicas.			
Name of New Registered Agent				
	and the second second			
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(Chy)		(Lip Code)	
New Registered Agent's Signature, if changing Reg				
I hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the posi	tion.	
Sign	nature of New Registered Agent, if c	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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<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			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
SPELLED PA NAME MISSING "K" A	T THE END OF CEDRIC, SHOULD READ CEDRICK O"HARA PA
	
<u></u>	
	·
	 ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, malcale 11/1/)	
-	
-	
-	

	. 10-16-17	10 4 4
The date of each amendment(s) at date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amen fficient for approval.	dment(s)
	roved by the sharcholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	archolder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareho	older
10-16-17		
Dated	YMO	
(By a d selecte	recyr, president or other officer – if directors or officers have not by an incorporator – if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary)	
	CEDRICK O'HARA	
	(Typed or printed name of person signing)	· · · · · · · ·
	PRESIDENT	
	(Title of person signing)	

. . . .