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(Document Number)				
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17 DEC 26 PH 4: 1

R. WHITE DEC 28 2017 - Nage Change Aminamint

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Future Tech of Flo	orida, Inc.,				
DOCUMENT NUME	P17000092727					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Bart A. Basi					
		Name of Contact Person	-			
	The Center for Financial, Legal & Tax Planning, Inc.					
		Firm/ Company				
	4501 W DeYoung St. Ste 20	• •				
		Address				
	Marion, IL 62959					
	 .	City/ State and Zip Code	_			
andre	w@taxplanning.com					
	E-mail address: (to be us	sed for future annual report r	notification)			
For further information	n concerning this matter, pleas	se call:				
Bart A. Basi		at (618	997 3436) e & Daytime Telephone Number			
Name o	of Contact Person	Area Cod	e & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	tment of State;			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)			
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Division Clifton	Address nent Section n of Corporations Building tecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



17 DEC 26 PH 4: 16 Future Tech of Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State). P17000092727 (Document Number of Corporation (if known) 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: Future Tech Consultants of Florida, Inc. 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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:

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</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		-		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
 -		
		_
		_
		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(15 - A - A - A - A - A - A - A - A - A -		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		_
(if not applicable, indicate N/A)		-
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		-

The date of each amendmen		, if other than the
date this document was signed	l. - 12/19/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
12/18 Dated	3/2017	
Signature _	1912	
(I.	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Dr. Bart Basi	
	(Typed or printed name of person signing)	
	Attorney/Registered Agent and Incorporator	
	(Title of person signing)	