P17000094323

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C. GOLDEN 00T 1 8 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FORESIGHT ADVISORS INC					
DOCUMENT NUMBER: P17000094323					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JEFFREY ABRAMSON					
	Name of Contact Person				
Firm/ Company					
848 BROKEN SOUND PK	WY #207				
	Address				
BOCA RATON, FL 33487					
	City/ State and Zip Code				
DJBYCK@MSN.COM					
E-mail address: (to be u	sed for future annual report notification)				
For further information concerning this matter, please call:					
JEFFREY ABRAMSON	at (561 756-2233				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

FILED

FORESIGHT ADVISORS INC

2018 OCT 15 PM 3: 23

17000094323	itly filed with the Florida Dept. of State) TARY OF STA
	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	848 BROKEN SOUND PKWY
Principal office address <u>MUST BE A STREET ADDRESS</u>)	UNIT 207
	BOCA RATON, FL 33487
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	848 BROKEN SOUND PKWY
	UNIT 207
	BOCA RATON, FL 33487
. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office addre	dress in Florida, enter the name of the
o. If amending the registered agent and/or registered office admension new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	dress in Florida, enter the name of the ss:
new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the

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)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JEFFREY ABRAMSON	848 BROKEN SOUND PKWY
Add			UNIT 207
Remove			BOCA RATON, FL 33487
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			 ,
Remove			
6) Change			
Add			
Remove			

	(Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the angle of the same of the sam
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an anger it is a second and a

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
DatedSignature		
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
J	EFFREY ABRAMSON	
-	(Typed or printed name of person signing)	
1	RESIDENT	
_	(Title of person signing)	