P170000 94323

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FORESIGHT ADV	VISORS INC				
DOCUMENT NUMI	BER: P17000094323					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	JEFFREY ABRAMSON					
		Name of Contact Person	n			
	FORESIGHT ADVISORS INC					
	-	Firm/ Company				
	4125 NW 24TH TERRACE					
	Address					
	BOCA RATON, FL 33431					
		City/ State and Zip Cod	e			
DJBY	CK@MSN.COM					
	_	sed for future annual report	notification)			
	·	·				
For further information	n concerning this matter, pleas	se call:				
DAVID BYCK		561 at (350-9278			
Name (of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depo	artment 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)			
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

FORESIGHT ADVISORS INC

(Name of Corporation as current P17000094323	tly filed with the Florida Dept. of State)			
	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:		llowing amendn		
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name			
B. Enter new principal office address, if applicable:	4125 NW 24TH TERRACE			
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33431	2.3		
		Ī.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4125 NW 24TWERRACE	The state of the s		
	BOCA RATON, FL 33431			
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre				
Name of New Registered Agent				
				
	street address)			
New Registered Office Address:	, Florida (City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		ition.		
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, na 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of ea 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>xc</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>	Address		
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		-		The state of the s		
Add						
Remove						

	r adding additional Ar nal sheets, if necessary).	. (Be specific)			
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an amendme	ent provides for an exc	change, reclassificat	ion, or cancellation	of issued shares,	
rovisions for	r implementing the am plicable, indicate N/A)	endment if not cont	ained in the amend	ment itself:	
	pricuote, marcute (VA)				
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The date of each amendment(s) adoption:	, if other
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date will not be list
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	meni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been seen as a second se	en
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
JEFFREY ABRAMSON	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
PRESIDENT	
(Title of person signing)	