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PALLAHASSE, FLORE

MAR 0 7 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: AAC OF CALLAR	IAN, INC.		
DOCUMENT NUMBE				, , , , , , , , , , , , , , , , , , ,
	Amendment and fee are su	bmitted for fili	ng.	
Please return all correspo	ondence concerning this ma	tter to the follo	wing:	
F	RANKIE GONZALEZ			
		Name of C	ontact Persor	1
Α	LL ABOUT COMPUTERS	S		
		Firm/ (Company	
4	6020 GONZALEZ LANE		•	
		Ad	dress	
C	ALLAHAN FL 32011			
_		City/ State	and Zip Code	e
AACFI	RANKIE@GMAIL.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information of	concerning this matter, pleas	se call:		
FRANKIE GONZALEZ	7.		904	879-4049
Name of	at	(de & Daytime Telephone Number	
Name of		Alea Co	de & Daytime Telephone (vumber	
Enclosed is a check for t	he following amount made	payable to the	Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address		
Amen	dment Section	Amendment Section		
Divisi	Division of Corporations			
	Box 6327	Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of			
AAC OF CALLAHAN, INC.				
(Name of Corpo	ration as currently	y filed with the Florida Dept.	of State)	
P18000011096				
(Do	ocument Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fk its Articles of Incorporation:	orida Statutes, this A	Florida Profit Corporation ado	pts the following ame	endment(s)
A. If amending name, enter the new name of th	e corporation:			
NA			The	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "	Co". A professional corporati	ated" or the abbrev	iation
B. Enter new principal office address, if applic	able:	NA		
(Principal office address <u>MUST BE A STREET</u>		NA		
		NA		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	' <i>BOX</i>)	NA		_
	- 	NA	<u></u>	
		NA		~ co
D. If amending the registered agent and/or reg new registered agent and/or the new registe			of the	第-5
Name of New Registered Agent NA			<u> </u>	置し
NA			· P	ယ္
	(Florida stre	eet address)]=,	=
New Registered Office Address: NA		, Flor		
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			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 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	DS	BLAIR THOMAS	54025 JEANNIE ROAD
Add			CALLAHAN FL 32011
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A	ch additional sheets, if nece	ssary). (Be spec	r change(s) here:			
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If an	amandmant analidas fam	an exchange, rec	iassilication, or ca I not contained in t	ncenanon or issued he amendment itseli	snares. f:	
If an	amendment provides for visions for implementing t	the amendment it				
lf an pro	amendment provides for visions for implementing t (if not applicable, indicate	the amendment it N/A)			_	
pro	visions for implementing t	the amendment is N/A)			_	
pro	visions for implementing t	the amendment it				
pro	visions for implementing t	the amendment if N/A)				-
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pro	visions for implementing t	the amendment if				

, ' MARCH 3 2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
MARCH 3 2018	
Effective date if applicable:	
(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, the document's effective date on the Department of State's records.	nis date will not be listed as th
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.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by NA	
by NA (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
MARCH 3 2018	
Dated	
Signature	 heen
selected, by an incorporator – if in the hands of a receiver, trustee, or othe	
appointed fiduciary by that fiduciary)	
FRANKIE GONZALEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	