P1800000191

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

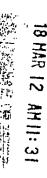


500310233235

03/12/18--01016--015 **35.00



R. **WHITE**MAR 1 3 2018



COVER LETTER

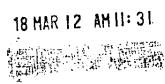
TO: Amendment Section
Division of Corporations

NAME OF CORPORA	rion: SUNCOAST OMI	N SOLUTION ASSOCIAT	TES INC			
DOCUMENT NUMBER						
	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
Ri	chard Williams					
Name of Contact Person						
A-	A+ Tax & Accounting Service Inc					
	Firm/ Company					
6518 U S HWY 19 N						
_	Address					
Ne	w Port Richey, FL 34652					
		City/ State and Zip Code	e			
rwilliam	s@aplustbs.com					
	· .	sed for future annual report	notification)			
	`	•	,			
For further information c	oncerning this matter, pleas	se call:				
Richard Williams		at (⁷²⁷	847-6324			
Name of (Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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

. .



(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P18000020634	<u>,, co. p</u>	
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:	
SUNCOAST OMNI SOLUTION ASSO	CIATES INC	The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		13825 US 19
(Principal office address MUST BE A.S		13825 US 19 HUDSON, FL 34647
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13825 US 19
		HUDSON, FL 34667
D. If amending the registered agent an new registered agent and/or the ne		
Name of New Registered Agent	NA	
Name of New Registered Agent	NA NA	
	(Florida stre	et address)
	NA	NΔ
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if o		ist and a second star the star of the second star o
i nereby accept the appointment as regis	ierea ageni i am jamiliar v	ith and accept the obligations of the position.
	. 12	
	M	
	Signature of New R	egistered 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change			NA	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
NA					
	······································	<u> </u>			
	 				
		·			· <u>···</u> ····
				<u> </u>	
			-	·	
				<u> </u>	
		_,			
				\	
	·				······
· · · · · · · · · · · · · · · · · · ·				·····	
	<u></u>				
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) NA	ange, reclassific adment if not co	cation, or car ontained in th	cellation of is te amendment	sued shares, itself:	
		_ 	<u>. </u>		
				· , _ ·	····
	······································				
	·	<u></u>			
			· · · · · · · · · · · · · · · · · · ·		
					

	03/01/18	
The date of each amendment(s)	doption:	, if other than the
date this document was signed.		_ ·- ·- ·-
	01/18	
Effective date if applicable:		
	(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this document's effective date on the D		story filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The emendment(s) was/were as by the shareholders was/were s	opted by the shareholders. The number of the following the same of	of votes cast for the amendment(4)
	proved by the shareholders through voting reach voting group entitled to vote separ	
	i for the amendment(s) was/were sufficien	ot for approval
by .	(voting group)	13
	(voting group)	
The amendment(s) was were accion was not required.	opted by the board of directors without s	barabolder action and shartholder
The amendment(s) was/were as action was not required.	opted by the incorporators without share	holder action and shareholder
03/08/18 Dated		
Signature /	12.4/	
(By a	director, president or other officer - if di	rectors or officers have not been
	ed, by an incorporator – if in the hands of	f a receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)	
	Sharon Kelly	
	(Typed or printed name of p	erson signing)
	President	
	(Title of person	signing)