P180000040583

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COVER LETTER

TO: Amendment Section

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Division of Corporations NAME OF CORPORATION: SCOTT DEAL INCORPORATED

DIFTORDO 40583 DOCUMENT NUMBER: __ P180000 40583 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 7945 HINDEL COURT

Address

BUYNTUN BEACH FL 33472

City/ State and Zip Code DEALS HEIGHTS E GMAIL. LOM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 945-6999 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status Certified Copy □ \$35 Filing Fee ☐S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallabassec, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation

of

SUUTT DEAL.	INCORPORATE	217	
(Name of Corporat	ion as currently filed with the	Florida Dept. of State)	
P180000	40583		
	ment Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida Profit C</i>	orporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
SLOTT DEAL, P) _A		The new
name must be distinguishable and contain the wo "Corp.," "Inc" or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A profess.	or "incorporated" or the clional corporation name must	
B. Enter new principal office address, if applicable			days.
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	•••	. 20
		7	TI P
	· <u>·</u>	و <u>۱</u> ۹۰ ماند سر	- 2 =
C. Enter new mailing address, if applicable:		a d	5 J.
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			<u> </u>
			9.7
			-
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the	
	ottice address.		
Name of New Registered Agent		.	_
	_		_
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip	(Code)
New Registered Agent's Signature, if changing Re	nistered Agent:		
I hereby accept the appointment as registered agent.	<u>I am familiar with and accept t</u>	he obligations of the position.	
Cia	nature of New Registered Agent.	if changing	_
.3197	maane of New NeviMerea Aveni.	D CHONYINY	

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	Y	Mike Jou	nes		
X Add	<u>\$V</u>	Sally Sn	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
I) Change		_		_	
Add				_	
Remove				_	
2) Change		<u> </u>		_	
				_	
Remove				-	
3) Change		_		_	
Add				-	
Remove				-	
4) Change		_		-	
Add				-	
Remove				_	
5) Change		_		_	
Add				-	
Remove				_	
6) Change		_		-	
Add				-	
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
<u>. </u>			
			
			
	 .		
<u></u>			
- · <u> · · · · · · · · · · · · · · · ·</u>	·	 .	
If an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or	cancellation of issued shares,	
(if not applicable, indicate N/A)	moment if not contained in	n the amendment usen.	
			-
			
-			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(by a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	