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C GOLDEN
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TREASURE DEV	ENING-GLENN, P.A.	
DOCUMENT NUMB	ER: P18000057868		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	TREASURE DEVENING-G	ILENN	
-		Name of Contact Person	1
-		Firm/ Company	
	2101 SUSSEX CT		
-		Address	
	PALM HARBOR, FL 34683		
-	·	City/ State and Zip Cod	<u> </u>
tdever	ning@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
TREASURE DEVEN		at (	) 385-9503 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Ame	ling Address ndment Section sion of Corporations	Ameno	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

TREASURE DEVENING-GLENN, P.A.

2018 JUL 20 PM 2: 02

(Name of Corporation as currently	filed with the Florida Dept. of the TARY OF STATE
P18000057868	filed with the Florida Dept. osterne TARY OF STATE TALLAHASSEE, FL
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(manual manual m	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
	··· <del>··</del> ··
(Florida stree	4 address)
New Registered Office Address:	, Florida
14	(2.ii)
New Registered Agent's Signature, if changing Registered Agent:	or y a treat you se
I hereby accept the appointment as registered agent. I am familiar wa	th and accept the obligations of the position.
Signature of New Re	gistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>ne</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	P		TREASURE DEVENING-GLENN	2101 SUSSEX CT
Add				PALM HARBOR, FL 34683
Remove				
2) Change				
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				-
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	il sheets, if necessary). (Be specific)
MENDING (	CER'S NAME FROM TREASURE DEVENING-GLEEN TO TREASURE DEVENING-GLENN
·	
If an ameno	nt provides for an exchange, reclassification, or cancellation of issued shares,
provisions	implementing the amendment if not contained in the amendment itself:
(if not	licable, indicate N/A)

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)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	rH
"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 7/17/18	
1	
Signature of officer f 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)	· · · · · · · · · · · · · · · · · · ·