P18000065828

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARQUIS ADVI	ISORY INC.			
DOCUMENT NUMBER: P18000065828				
The enclosed Articles of Amendment and fee are so	submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
STEPHANIE PADLY-JULI	IEN			
 	Name of Contact Person			
PADLY LAW PA				
	Firm/ Company			
1415 PANTHER LANE SU	JITE 240			
	Address			
NAPLES, FLORIDA 34109)			
	City/ State and Zip Code			
SPADLY@239LAWYER.COM				
	used for future annual report notification)			
For further information concerning this matter, plea STEPHANIE PADLY-JULIEN, ESQ				
Name of Contact Person	at (239) 963-6043 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made				
■ \$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 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



MARQUIS ADVISORY INC.	_
(Name of Corporation as currently	filed with the Florida Dept. of State)
18000065828	(filed with the Florida Dept. of State) Corporation (if known)
(Document Number of	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
	1854 LEAMINGTON LANE
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	NAPLES, FLORIDA 34109
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 Bedford Rd
	Toronto Ontario, Canada M5R 2K5
 If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address 	ess in Florida, enter the name of the
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	<u>:</u>
new registered agent and/or the new registered office address	<u>:</u>
new registered agent and/or the new registered office address Name of New Registered Agent	<u>:</u>
Name of New Registered Agent (Florida str.) New Registered Office Address:	<u>. </u>

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>0e</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<u> </u>
<u> </u>		<u> </u>
		<u> </u>
		<u></u>
		
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares and ment if not contained in the amendment itself:	وا
(if not applicable, indicate N/A)		
		· , - · · · · · · · · · · · ·

The date of each amendment(s) add	ntion:, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
Zitten v date <u>it approved</u>	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rument of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for a	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopaction was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoraction was not required.	ed by the incorporators without shareholder action and shareholder
09/20/2018 Dated	
Signature 4	ector, president or other officer - if directors or officers have not been
(By a di	ector, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	OBERT CHALMERS
	(Typed or printed name of person signing)
	RESIDENT
	(Title of person signing)