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2018 DEC 27 PM 2: 17 SECRETARY OF STATE TALLADASSEE, FL

Amd

R. WHITE DEC 27 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: STM VERIZON II	NC		
DOCUMENT NUMBI				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
(	CRYSTAL WINDGASSEN			
_		Name of Contact Person	1	
S	STM VERIZON, INC			
_	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
2	17989 US HIGHWAY 19 N	- F - F - C		
_		Address		
(	CLEARWATER FL 33761			
_		City/ State and Zip Code	2	
CRYS"	TAL.WINDGASSEN@TAN	MPABAY.RR.COM		
	-	sed for future annual report	notification)	
	·	•		
For further information	concerning this matter, pleas	se call:		
CRYSTAL WINDGASSEN		at (	)	
Name of	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	☐\$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		Street Address Amendment Section Division of Corporations Clifton Building		
Tallab	assee FL 32314	7661 F	vecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

SIM VERIZON, INC.	2018 DEC 27 PM 2: 17
(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000088458	SEURE IARY DE STATE TALLAHASSEE, FL
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>PESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
t nervoy accept the appointment as registered agent. 13	am familiar with and accept the obligations of the position.
Signat	ure 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.

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 Sm	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		<u> </u>		
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		<del> </del>
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

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If an ama	ndment provides	for an avalance	ra moolaceifias	tion or annually	rtion of icerad cl		
	ns for implementi						
(if ne	ot applicable, indi	cate N/A)					
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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)	
(no more than 20 mays type, amenament you mate)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy``	
(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.	
12/20/2018 Dated	
Signature Slocks Dist	
(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)	
SALVATORE A MINOSH	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	