## P190000 15013

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TALL PROBLEMS

OCT 1.1 2019

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Floridg Title Clerks Inc.
DOCUMENT NUMBER: P 19 000000 KDB
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimbeel Piefenbach Name of Contact Person
Firm/ Company
4604 49th St N Address
St Peters bused FL 33709  City/ State and Zip Code
Kimo Florida ti Heckerks. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Konberty Die Efenbach at ("12") 111 7 117 Namr of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Compositions Division of Compositions

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallnhassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Theredon Trale Clark	L, To-c	
(Name of Corporation as current	tly filed with the Florida Dept, of State)	
P19000015013		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	amen
A. If amending name, enter the new name of the corporation:		
		The 1
name 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 co	hrevia.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	67-10 10th Ave A	<u> </u>
	337 Ø	130 KIN7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	=
D. If amending the registered agent and/or registered office add		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
new registered agent and/or the new registered office addre-	<u>88:</u>	
Name of New Registered Agent No.41		
(Florida s	street address)	
New Registered Office Address:	, Florida	.
	(City) (Zip C	inle)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		
Signature of New	Registered Agent, if changing	

(Attach additional sheets, Please note the officer/dir P = President; V = Vice I	rector title by the j	first letter of the office title; casurer; S= Secretary; D= Director; TR = T	rustee: C = Chairman or Clerk: CE
Executive Officer; CFO:	<ul> <li>Chief Financial</li> </ul>	Officer. If an officer/director holds more	than one title, list the first letter of c
held. President, Treasurer		be PTD. namer. Currently John Doe is listed as the	PST and Mike James is listed as the L
a changes snouta ne notea a change, Mike Jones lea	in the jouowing n wes the corporation	on, Sally Smith is named the V and S. These	should be noted as John Doe, PT as
Mike Jones, V as Remove.			
Example: X Change	DT John D		,
_ 、	<u>PT</u> <u>John D</u> <u>V</u> <u>Mike John D</u>		
X Remove			
X Add	SV Sally S	mu	
Type of Action (Check One)	Title	Namy	<u>Addres</u> s
l) Change	PP	Gayn O'Cannor	Henry Warm Oak
Add			in Pedershing The
Kemove Remove			35162
2) X Change	20_	Kimberly Dieffrabac	h who lash area
Add		Γ	St Petersburg FL
Remove			33710
3 ) Change	<del></del>		
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Remove			
4) Change			
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51 Change			
Add			
Remove			
6) Change			
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Remove			
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and litle, i

address of each Officer and/or Director being added:

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		nal sheets, if necessary	). (Be specific)			
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The date of each amendment(s) adoption:	र्व ०४
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	<u> </u>
(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 will not document's effective date on the Department of State's records.	be l
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
by"  (voting group)	
(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 1. 1. 1. 1. C.	
Signature — W	
(Typed or printed name of person signing)	
(Title of person signing)	<u> </u> 