P19000062712

(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COLLO	RR CORP
DOCUMENT NUMBER: P190000627	
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
DAVID W. SOUT	HWELL
	Name of Contact Person
TRUST ADVISOR	RS CORPORATION
	Firm/ Company
5781-B NW 151 S	TREET
	Address
MIAMI LAKES, F	T. 33014
	City/ State and Zip Code
AGENT@TRUSTADVI	SORSCORP.COM
E-mail address	s: (to be used for future annual report notification)
For further information concerning this ma	atter, please call: at () 822-8161
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
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

COLLORR CORP				
(Name of Corporation as curre	ntly filed with the Florida Dept. of Stat	<u>e</u>)		
P19000062712				
(Document Numbe	r of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the	following	g ameno	iment(s) to
A. If amending name, enter the new name of the corporation:				
_			The i	aare
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional corporation nan	or the al ne must c	- bbreviai	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(C)	201	
MATERIAL POST OFFICE BOX	****	7	_ <u></u>	— स्वयुक्ती
			_ <u>Б</u> _	- 12 π 12 π π π π π π π 12 π π π π π π π π π π π π π π π π π π π
		18.8°	<u>_</u>	*
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	Idress in Florida, enter the name of the ess:	ig Cit	AM 11: 47	Service Control of the Control of th
Name of New Registered Agent			կ 7	
(Florida	street address)			
New Registered Office Address:				_
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered Age				
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the po	osition.		

Signature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	David W.C Southwell, CPA, PLLC	5356 NW 190 Street
Add			Miami Gardens, FL 33055
X Remove			
2) Change	P	Timothy C. Orr	5356 NW 190 Street
X Add			Miami Gardens, FL 33055
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	UST 13, 2019	
Signature _	Louisie	
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	DAVID W. SOUTHWELL	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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