P19000063273

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COVER LETTER

TO: Amendment Section '

Division of Cor	porations		•
NAME OF CORPO	ORATION: A/C Autority Inc.		
DOCUMENT NUM	P19000063273		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Krystal Quimby		
	, , , , , , , , , , , , , , , , , , , ,	Name of Contact Person	1
	A/C Authority Inc.		
		Firm/ Company	
	534 NW Mercantile Place, Si	uite 119	
		Address	
	Port St. Lucie, FL 34986		
		City/ State and Zip Code	;
krys	stal@acauthorityfl.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Krystal Quimby		at (560-3250
Name	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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			Address ment Section
Division of Corporations		Division of Corporations	
P.O. Box 6327			Building
Та	Illahassee, FL 32314	2661 E.	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Ac Audionty Inc.				
(<u>Name</u>	of Corporation as currer	ntly filed with the Florida Dept. of S	<u>tate</u>)	
P19000063273				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts	the following ame	endment(s) to
A. If amending name, enter the new n	ame of the corporation:		Tha	new [,]
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	I" or the abbrev	iation
B. Enter new principal office address, if applicable:		534 NW Mercantile Place	<u>s</u> 20	
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)	Suite 119	306	
		Port St. Lucie, FL 34986	1 28	/-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		534 NW Mercantile Place		
		Suite 119		
		Port St. Lucie, FL 34986		
D. If amending the registered agent an new registered agent and/or the ne			<u>the</u>	
Name of New Registered Agent	Krystal Quimby			
	534 NW Mercantile Plac	ce, Suite 119		
	(Florida :	street address)		
New Registered Office Address:	Port St. Lucie	. Flor	34986 ida	
		(Cuy)	(Zip Code)	
New Registered Agent's Signature, if of I hereby accept the appointment as regis			ne position.	
	K. Quin	by		
	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> <u>J</u>	John Doe	
X Remove	<u>V</u> <u>A</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>v</u>	Krystal Quimby	534 NW Mercantile Pl
Add			Suite 119
Remove			Port St. Lucie, FL 34986
2) Change	S	Randall Ricker	534 NW Mercantile Pl
X Add	<u>-</u>		Suite 119
Remove			Port St. Lucie, FL 34986
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)
1	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, 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)	
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will at of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ofting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
10/24/2019 Dated		
Signature		
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
Kyle Ri	icciardi	
	(Typed or printed name of person signing)	
Preside	nt/Treasurer	
	(Title of person signing)	