P930003514

(Requestor's Name)
(Address)
· ,
2011
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Cusiness Estitutions)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





800308182258

01/25/18--01011--023 **35.00

2018 JAN 25 AH 5: 5:

JAN 2 6 2018 J. WICHAIR

COVER LETTER

2018 JAN 25 AM 3: 56 S. Borcheck CPA PA The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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

	Articles o	f Amendment			
•	Articles of	to Incorporation		* ,	T_T
Michael S. Bor	check	or CPA	PA the Florida Deg	2010 JAH 25 AK	S: 56
(Name of Corpo	ration as curre	ntly filed with	the Florida Der	ot, of State)	
	38/4				
(De	ocument Numbe	r of Corporatio	n (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, tl	nis <i>Florida Pro</i>	fit Corporation a	dopts the following amendn	nent(s) to
A. If amending name, enter the new name of the Chagrin Falls	Holding	s. Inc		The ne	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp." "Inc." o	r "Co". A pre			
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		_15 	i Hand,	nysibe Dr F/ 32757	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>(BOX</u>)	152 Ma	1/ Sund, F	145:De De 32751	
D. If amending the registered agent and/or reg new registered agent and/or the new register			da, enter the na	me of the	
Name of New Registered Agent					
	(Florida	street address)			
New Registered Office Address:				_, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered age	nt. I am famili	ar with and acc	ept the obligation	ns of the position.	
	Signature of New	w Registered Ag	gent, 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<u>-</u>	
Add			
Remove			
2) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
A 91			
6) Change	-		
Add			
Remove			

				
				-
 -	 -			
			-	
			 	
	•	_		
 				
······································		-		
an amendment provides for an exchan	ge, reclassification	<u>, or cancellatio</u>	n of issued share	· <u>S,</u>
provisions for implementing the amendation (if not applicable, indicate N/A)	ment if not contain	ed in the amen	<u>dment itself:</u>	
(y nor apprecion, material tox)				
	 			
·				
				
	<u> </u>		 _	

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 does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated	
Signature Miles Borkel	
(By a director, president or other officer – if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	er court
Michael S. Borleck (Typed or printed name of person signing)	
Director	
(Title of person signing)	