P94000030167

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COVER LETTER

TO: Amendment Section Division of Corporation	AN-	thony Ra	alph CPA, PA	(Existing
NAME OF CORPORATIO	IN: ANH	25=2)		
DOCUMENT NUMBER:	P9400	20036167	7	
The enclosed Articles of Am	endment and fee are su	bmitted for filing.		
Please return all corresponde	nce concerning this ma	tter to the following:		
	MotuA	to Ralph	Perez	
	ANTON	Name of Contact Person		(vew)
	3359 B	Firm/Company	lvd., #216	
		Address	770-W	
	tort M	Oty/ State and Zip Code	33901/	
<u>.</u>	-mail address: (to be us	ed for future annual report	notification)	
For further information conc	erning this matter, pleas	ee call:		
Auton	io Ralpl		9,281.1751	
Name of Con	tact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made I	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	1\$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)	
<u>Mailing A</u> Amendmer			Address ment Section	
	f Corporations		n of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment

to

•	Articles of Inc	·	
Anthor	14 Ral	oh CRA: P	A.
(Name of	Corporation as current	v filed with the Florida Dept. of	State)
P 9400	0003616	o7	
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name	e of the corporation: Refere	CPA, PA.	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "	'Co". A professional corporation	
B. Enter new principal office address, if (Principal office address MUST BE A STR		NONE	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O)		NONE	20 6
D. If amending the registered agent and/	or registered office add	ross in Florida, enter the name of	1 the 1 1 2 2 2 2
new registered agent and/or the new i			the F.
Name of New Registered Agent	NIA		- 5
_	(Florida et	reet address)	
New Registered Office Address:	MA	, Flo	rida
	•	(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register.			the position.
	Signature of New F	Registered Agent, if changing	

ANTONIO R Perez CPA PAPATO036167

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 <math>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:	e, ana Sai	ty Smith, SV	as an Add.	/				
X Change	<u>PT</u>	John Doe		ľ				
X Remove	<u>v</u>	Mike Jones	<u>}</u>			,		
X Add	<u>sv</u>	Sally Smith	<u>1</u>					
Type of Action (Check One)	<u>Title</u>	N	ame			<u>Addres</u> s		
1) Change								
Add								
Remove								
2) Change								
Add				\				
Remove				\		,		
3)Change								
Add								
Remove				/			•	
4) Change								
Add					\			
Remove								
5) Change					\rightarrow			
Add								
Remove								
6) Change		-			\			
Add								· · · · · · · · · · · · · · · · · · ·
Remove					C			

ANTONIO R. Perez CPA PA \$ p94000036167 E. If amending or adding additional Articles, onter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If 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)

Ha Jone	o K re	rez C		
The date of each amendment(s) adoption date this document was signed.	: <u>5</u>	10/2016		, if other than the
Effective date if applicable:	5/10/	2016	nendment file date)	
	(no more that	n 90 days after ai	nendment file date)	
Note: If the date inserted in this block do document's effective date on the Department			filing requirements, th	is date will 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. for approval.	The number of vo	tes cast for the amendm	nent(s)
☐ The amendment(s) was/were approved be must be separately provided for each vo				
"The number of votes cast for the	amendment(s) was/	were sufficient fo	r approval	
by			<u>.</u>	
•	(voting group)			
☐ The amendment(s) was/were adopted by action was not required.	the board of direct	ors without share	holder action and share	holder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators v	without sharehold	er action and shareholde	er
Dated 5	0/2016			
	AS			
Signature		555		
			ns or officers have not be eceiver, trustee, or other	
	ciary by that fiducia		,	
(-	anothe	R Por	2	
	(Typed or print	ted name of perso	n signing)	
	Preside	ting	, <u></u>	
	(Ti	itle of person sign	ing)	