P94000000535

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Amend Man.n.14

COVER LETTER

TO: Amendment Section

Division of Corporations INC OF SOUTH FLORIDA CNR NAME OF CORPORATION: DOCUMENT NUMBER: P940000 66535 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kimberly P. Hall
Name of Contact Person CNR, INC. OF SOUTH FLORIDA
Firm/Company S.W. 60 Street E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 934 - 2435 Area Code & Daytime Telephone Number Bridgett Vega - Gibian
Name of Contact Person 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** Street Address Amendment Section **Amendment Section** Division of Corporations Division of Corporations P.O. Box 6327 **Clifton Building**

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



CNR INC	OF SOUTH	FLORIDA
(Name of Corporation as	currently filed with the Fl	orida Dept. of State)
	xxx bb535	
(Documen	t Number of Corporation (if	known)
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:		18100 S.W. 60 Street
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)	Southwest Ranches FL
		33331
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		18100 S.W. 60 Street Southwest Ranches, FL 33331
D. If amending the registered agent and new registered agent and/or the new		
Name of New Registered Agent	KIMBERLY 1	P. HALL
	•	O STREET et address)
New Registered Office Address:	Southwest Ro	unches, Florida 3333) (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		rith and accept the obligations of the position.

IN TELL
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				
Change Add Remove	ρ	Kimberly P. Hall	18100 S. W. 60 Street Southwest Ranches, Fi 33331				
2) Change Add			•				
Remove 3) Change Add Remove							
4) Change Add Remove							
5) Change Add Remove							
6) Change Add Remove							

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)					
N/A					
			<u> </u>		
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T					
					
				,	
. If an amendm	ent provides for an excl	hange, reclassific	ntion, or cancella	tion of issued shar	es,
provisions fo	r implementing the ame oplicable, indicate N/A)	endment if not co	ntained in the an	endment itself:	
(y noi ap		•			
N/A					
•					
					
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The date of each amendment(s) adoption: NOVEMBER 14, 2015 date this document was signed.	, if other than the
N/s	
(no more than 90 days after amendment file date)	
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)	
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 11-14-13	
Signature AMM Hall	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Kimberly P. Hall	
(Typed or printed name of person signing)	
President	
(Title of person signing)	