P95000050982

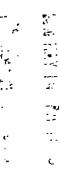
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: Forum Archit	ecture & Interior Desig	an, Inc.	_
DOCUMENT NUMBER	P95000050982			-
The enclosed Articles of A	mendment and fee are st	ibmitted for filing.		••
Please return all correspon	dence concerning this ma	itter to the following:		
Me	elanie Clever			
		Name of Contact Perso	n	
_Fc	rum Architecture & I	nterior Design, Inc.		
		Firm/ Company		
23	7 S. Westmonte Driv	ve, Suite 220		
		Address		
All	tamonte Springs, FL	32714		
		City/ State and Zip Cod	e	
mc	lever@forumarchited	cture.com		
-	E-mail address: (to be us	sed for future annual report	notification)	
for further information con	cerning this matter, pleas	se call:		
Melanie Clever		at (<u>407</u>) 830-1400	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Nu	mber
Enclosed is a check for the	following amount made [payable to the Florida Depa	irtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing .			Address	
	ent Section of Corporations	Amendment Section Division of Corporations		
P.O. Box		Clifton Building		
	ee, FL 32314	2661 E	xecutive Center Circle	
		Tallaha	issee, FL 32301	

Articles of Amendment to

Articles of Incorporation

 \mathbf{of}

Forum Architecture & Interior Design, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) 🐎

	P9500	0050982	
	(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 :	idopts the following amendment
A. If amending name, enter the new na	ime of the corporation:		
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor	
B. Enter new principal office address,	if applicable:	NA	
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		NA	
). If amending the registered agent an new registered agent and/or the nev			me of the
		<u> </u>	
Name of New Registered Agent	NA		
	(Florida :	street address)	
New Registered Office Address:	NA		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as registe			ns of the position.
_1	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 Doc 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 Doc	
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>	Address
1) Change	VP	Karen V. McIntyre	237 S. Westmonte Drive
NA Add			Suite 220
Remove			Altamonte Springs, FL 32714
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramove		·	

(Attach a	ling or adding dditional sheets	additional Art , if necessary).	icles, enter ((Be specif	enange(s) he lic)	<u>re</u> :			
The Cor	rporation elec	cts Karen V.	McIntyre a	s Vice Pre	sident			
					<u>-</u>			
							<u> </u>	
	**							
								
						-	——————————————————————————————————————	
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f an ame	endment provi ons for implem	des for an excl	hange, reclas	ssification, o	<u>r cancellatio</u>	n of issued sh	ares,	
	not applicable, i		manient II II	or container	i in the amen	ument nacii.		
A								
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••	<u> </u>							
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		.,,						

The date of each amendment(s) adoptidate this document was signed.	on: April 4, 2019	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, this dinent of State's records.	ate will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment ent for approval.	(s)
	d by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
☑ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sharehold	.cr
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 5/10/19		
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other couduciary by that fiduciary)	
	√ames B. Black	
	(Typedor printed name of person signing)	
	President	
	(Title of person signing)	