P95000060025

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800326865398

04/01/19--01035--005 **43.75

2019 ... -1 PH 12: 1:8

Anundrus

APR 1 1 2019

I ALBRITTON

COVER LETTER

Division of Corporations NAME OF CORPORATION: 19500060025 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code E-mail address: (to be used for future annual report notification) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

to Articles of Incorporatio

Articles of incorpo	oration	
FLORIDATA CAPITAL ASSET	3 Glad, INC.	
(Name of Corporation as currently file	ed with the Florida Dept. of State)	
P9500006	0025	
(Document Number of Cor		_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	ida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:	NIA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		. 20
_		
-		
C. Enter new mailing address, if applicable:	NIA	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		PH12:11:8
 -		
D. If amending the registered agent and/or registered office address i	n Florida, enter the name of the	
new registered agent and/or the new registered office address:	n i fortua, emer the name of the	
Name of New Registered Agent Name		
(Florida street ac	ldress)	
New Registered Office Address:	, Florida	(Zip Code)
(City))	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the pos	sition.
1 A		
NIA		

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.

Mike Jones, V as Remov	e, and Sal	lly Smith, SV as an Add.				
Example: X Change	<u>PT</u>	John Doe	DECEASED	2001	7/21/19	
X Remove	<u>v</u>	Mike Jones	DECEASED		21-1	
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	C 10 752	50,574
1) Change	4	CHRIST	TOPHER YOUHA	208	55 cl 753 STER, FL	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add			·	Wes	STER, FL	
Remove					3359+	
2) Change						
Add						
Remove						
3)Change						
Add						
Remove						
4) Change						
Add					 	
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additional sheets, if necessa	· · · · · · · · · · · · · · · · · · ·		
	NIA		
			-
	·		
		· · · · · · · · · · · · · · · · · · ·	
 .			
			
<u> </u>			
			
_			
If an amendment provides for an	exchange, reclassification	or cancellation of issu	ued shares
provisions for implementing the	amendment if not contain		
(if not applicable, indicate N/.			
	NA		
ANCEL ALL RECTED TO	SUMES	FAO CI	10:5778160
AUN CE C / LE	- OAW-C	1 CR	WIST CAFICA
(. 400HN.	100% of	5 HAKES	WILL BE
ARITON TO	$\sim -\frac{1}{2}$	CA11	PRESIDENT
THE GO IN	J 1 74 91 91 91	<u> </u>	11/621DG 11
	<u> </u>		
			

. The date of each amendment(s) adoption:	MA	, if other than the
date this document was signed.		
Effective date if applicable:	NA	
	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this block does no document's effective date on the Department of S		nirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes east for oproval.	the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting to		
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by		
(voti	ng group)	
The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder actic	on and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action an	d sharcholder
3/20	7/19	
Dated		
Signature	74	
	dent or other officer – if directors or office rporator – if in the hands of a receiver, trus	
appointed fiduciary		
	AMMY GAIL	
O	Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	