# P960000 10816

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02/24/20-01019-002 (\*\*\*\*\*\*\*\*\*\*



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#### COVER LETTER

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#### **TO:** Amendment Section **Division of Corporations**

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NAME OF CORPORATION: Alliance Capital, Inc.

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Carl M. Fernstrom				
		Name of Contact Person			
	Alliance Capital, Inc.				
	Firm/ Company				
	3096 Tamiami Trail N, Suite	1			
		Address			
	Naples, Fl. 34103				
		City/ State and Zip Code	;		
	info.dreg@gmail.com				
	E-mail address: (to be used for future annual report notification)				
Lene Fernstrom Name of Contact Person		at ( <u>239-</u>	_) <u>403-9700</u> le & Davtime Telephone Number		
18 411	e of Contact reison	Area Cot	ie & Dayume Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy		
		enclosed)	(Additional Copy is enclosed)		
	lailing Address		Address		
Amendment Section			ment Section		
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		The Ce	ntre of Tallahassee		
T	O. Box 6327	2415 N	ntre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303		

Alliance Capital, Inc.

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

P96000010816

#### (Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

#### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

### B. Enter new principal office address, if applicable:

(Principal office address <u>MUST BE A STREET ADDRESS</u>)

- C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
- D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name o	f New	<b>Registered</b>	Agent
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(Florida street address)

New Registered Office Address:

(Citv)

(Zip Code)

Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

#### Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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: <u>X</u> Change	<u>PT John</u>	Doe	
<u>X</u> Remove	<u>V Mike</u>	lones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
<u>Type of Action</u> (Check One)	Title	Name y	Address
I) Change	VP	Heather Border	3096 Tamiami Trail N. Suite I
x Add		Heather L. Border	Naples, Fl. 34103
Remove			
2) Change			
Add			
Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	g or adding additional sheets, if nec	essary). (Be speci)	fic)			
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<u>f an amen</u>	dment provides fo	<u>r an exchange, recla</u>	ssification, or can	icellat <u>ion of issued</u>	shares,	
<u>provision</u> :	<u>s for implementing</u>	the amendment if r	<u>iot contained in th</u>	<u>ne amendment itse</u>	<u>lf:</u>	
(if not	applicable, indicat	e N/A)				
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The date of each amendment(s) adoption: \_\_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable:

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(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, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

□ The amendment(s) was/were adopted by the shareholders. The number of votes east 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) 2/19/2020 Dated\_ Signature (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) Carl M. Fernstrom (Typed or printed name of person signing)

President

(Title of person signing)