P9600019187

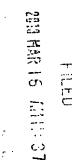
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN MAR 1 9 2018

COVER LETTER

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendmentand fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: 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

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

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Articles of Inco	rporation FILEU
Mrichell Cason	TAC 2018 MAR 16 AH 11: 3"
(Name of Corporation as currently	filed with the Florida Dept. of State
P960000 19187	TALL A CORIO
(Document Number of	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006. Florida Statutes, this F its Articles of Incorporation:	lorida ProfitCorporationadopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: MITCHELL & APRIL CASON name must be distinguishable and contain the word "corporation,"	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Corp.," "Inc.," or "Corp.," or "Corp.," or "Corp.," or "Corp.," or "Corp.," "Inc.," or "Corp.," or "Corp.	
word "chartered," "professional association," or the abbreviation "P	·.A.
B. Enter new principal office address, if applicable:	\mathcal{N}/\mathcal{A}
(Principal office address <u>MUST BE A STREET ADDRES</u> \$	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	N/A
	-
	
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
(Florida stree	t address)
(2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	· -
New Registered Office Address	, Florida City) (Zip Code)
,,,	λήρ code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
A1	
Signature of New Re	egistered 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 Do	<u>ne</u>		
X Remove	Y	Mike Jo	<u>ones</u>	/	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	N/A	
Type of Action (Check One)	<u>Title</u>		Name	1 -	Address
1) Change					
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change			****		
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			***************************************
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)

,)
	NA
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
	NA

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	, /	
Effective date if applicable:	3/14/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the Dep	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amen fficient for approval.	dment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and sha	ureholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareho	older
Dated3//4	1/2018	
Signature <u></u>	tchell Cason	··········
	rector, president or other officer – if directors or officers have no l, by an incorporator – if in the hands of a receiver, trustee, or other	
	ed fiduciary by that fiduciary)	ici court
	Myrchell Cason (Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
_	President	
	(Title of person signing)	