PORCOON 31176

(Re	equestor's Name)	
. (Ac	Idress)	
(Ac	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u>.</u>		

Office Use Only



000290837630

10/04/16--01006--011 **35.00

16 OCT -3 AH IO: 32

OCT 07 2016

R. Wrbi -

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	HE BERRY LAW FIRM, P.A.			
DOCUMENT NUMBER:	96000031176			
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concernin	g this matter to the following:			
The	Name of Contact Person EBERRY LAW FIRM P. A. Firm/ Company OD 140 Th ANE. N. Address IEARWATER F-10RIPA 33762 City/ State and Zip Code A MIN C BERRY LAW. Com It to be used for future annual report notification)			
For further information concerning this matter, please call:				
Name of Contact Person	SR. at (727) 447-0533 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:			
\$35 Filing Fee \$43.75 Filing Certificate of				
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

The state of the

Articles of Amendment to Articles of Incorporation of

16 OCT -3 AM 10: 32

SECRETARY FORMER TALLAHAS SEE SO ANDA

to

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P 96	0000 31176
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the cor	poration:
NA	The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address if applicables	C/FARWATER, FlORI'DA 33762
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	WA
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	4
	(Florida street address)
New Registered Office Address: 4500	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: Tam familiar with and accept the obligations of the position.
NA	
Signa	iture 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.

X Change	PT John	Doe	
X Remove	V Mike	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			WITH STREET STORY .
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding additional Artic</u> (Attach <i>additional sheets, if necessary</i>).	cles, enter change(s) here: (Re specific)
(· · · · · · · · · · · · · · · · · · ·	.14-
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	NA

The date of each amendment(s) adoption: _ date this document was signed.	. NA	, if other than the
• • •		
Effective date if applicable:	(no more than 90 days after amendment file date)	·····
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date of State's records.	te will not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	te shareholders. The number of votes cast for the amendment(s r approval.	s)
	the shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	poting group)	
6	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
Dated Septem	mber 29, 2016	
selected, by an in	esident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other courary by that fiduciary)	1
	Michael C. BERRY SR. (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	