P98000014715

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(City	/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: UNICORP NATIO	ONAL DEVELOPMENTS.	INC.
DOCUMENT NUME			
	of Amendment and fee are st	abmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	Amy Barnard		
		Name of Contact Person	
	Unicorp National Developme	ents, Inc.	
		Firm/ Company	
	7940 Via Dellagio Way, Suit	te 200	
	-	Address	
	Orlando, FL 32819		
		City/ State and Zip Cod	e
amyb(@unicorpusa.com		
-		sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
Amy Barnard		407 at (999-9985
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street .	Address
	ndment Section	Amend	ment Section
	Division of Corporations Division of Corporations		
	Box 6327 hasson FL 32314		Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

UNICORP NATIONAL DEVELOPMENTS, INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P98000014715	
(Docum	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) to
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	""corporation," "company," or "incorporated" or the abbreviation ""Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	SEP 2
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	·
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signa	ture 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	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change	VP	Amy Schuemann		7940 Via Dellagio Way
Add				Suite 200
X Remove				Orlando, FL 32819
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)			
				
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f an amendment provides for an exch	iange, reclassificatio	n. or cancellation o	f issued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amendm	ent itself:	
(y noi applicane, maicate (vz.)				
	-			-
-				<u>-</u>
			_	
	. —			
				

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date vent of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder	
September 21, 20 Dated	017	
Signature		
(By a director selected, by a	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Charl	es Whittall	
	(Typed or printed name of person signing)	
Presid	dent/Director	
	(Title of person signing)	