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SECRETARY OF STATE
TALLAHASSEE, FLORID

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Ç.

NAME OF CORPO	RATION: Sofarelli & Associa	ates Architecture, Inc.			
DOCUMENT NUM	D00000010052				
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Michael F Sofarelli, Jr.				
		Name of Contact Persor	1		
	Sofarelli & Associates Archit	ecture, Inc.			
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	<del></del>		
	6365 142nd Avenue N				
		Address			
	Clearwater, FL 33760				
		City/ State and Zip Code	2		
sofa	relli@verizon.net				
	_	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Michael Sofarelli		at ( <sup>727</sup>	530-3535		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	□\$43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallaharana, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Security Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

43

( ( 11)	4.0			No. 1	7
Sofarelli	X.	Associates	: Arc	hitecture	inc

(Name	of Corporation as currently	filed with the Florida Dept. of State)	
Sofarelli & Associates Architecture, Inc.	-1418D	00040753	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the fol	Howing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or "C	Co". A professional corporation name	
n Carana and administrative address.	if	·	10 <b>6</b>
B. Enter new principal office address, (Principal office address MUST BE A S			
	,		<u> </u>
			15 PE
			THE D
C. Enter new mailing address, if appl			<b>四次</b>
(Mailing address MAY BE A POST	<u>OFFICE BOX</u> )		<u> </u>
			<del></del>
D. If amending the registered agent ar	id/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	Christal Sofarelli		
nume to the negative ingen	6365 142nd Avenue N		
	(Florida stre	vet address)	
	Clearwater	33	760
New Registered Office Address:		, Florida, Florida	(Zip Code)
	ľ	City	vage contry
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist		ith and accept the obligations of the pos.	ition.
4.0	- 2 0 -	1.	
thr.	Hal Sofart	ll	
	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	е, ила .ла. <u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TS	Christal Sofarelli	6365 142nd Avenue N
X Add			Clearwater, FL 33760
Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuach aaannonal si	fing additional Art heets, if necessary).	(Be specific)			
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f an amendment p	rovides for an exc	hange, reclassifica	ation, or cancella	tion of issued share	<u>28,</u>
provisions for imp	plementing the amoble, indicate N/A)	endment if not con	ntained in the am	endment itself:	
(іј пот арриса	nie, inaicate iv/A)				
					<del></del>
	<del> </del>				

The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	ile date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requentment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for cient for approval.	the amendment(s)
	yed by the sharcholders through voting groups. The f ch voting group entitled to vote separately on the am	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	•
	(voting group)	
	ed by the board of directors without shareholder action	n and shareholder
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action an	d sharcholder
Dated <u>/O</u>	83/18	
(By a directed, t	ctor, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trus fiduciary by that fiduciary)	
M	ichael F Sofarelli, Jr.	
<del></del>	(Typed or printed name of person signing)	
Pr	esident	
_	(Title of person signing)	