P9800053348

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COVER LETTER

TO: Amendment Section

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



March 14, 2017

TONI BRADY 3005 DESOTO RD SARASOTA, FL 34234

SUBJECT: SOUTHERN RECOVERY, INC.

Ref. Number: P98000053348

We have received your document for SOUTHERN RECOVERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 617A00004870

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation of

Southern Recove	
	v filed with the Florida Dept. of State)
79800053349	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	Thenew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA FILE
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	I
New Registered Office Address.	Rd Sac Asota , Florida 34234 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	oith and accept the obligations of the position.
Lou Bra Signature of New Re	egistyfed 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	Pe Todo Brady	3005 Desono Rol
Add Remove		Sarasona , FT. 34234
2) Change Add	P Toni Brady	SALASOTO FI. 3453Y
Remove		
3) Change Add	-	
Remove		
4) Change		
Remove		
5) Change		
Add Remove		
6) Change Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
(, таси вивтоние эпсек, у песельиту).	(an absorbed)
•	
If an amount municipal for an analysis	
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numerical files consumed to the uncontinued assert
(),,,	

The date of each amendment(s) adoption:date this document was signed.	, if other than t
Effective data if applicables	>
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as threeords.
Adoption of Amendment(s) (CHECK O	ONE)
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval	olders. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group a	
"The number of votes cast for the amendment(s	s) was/were sufficient for approval
by	<u></u>
(voting grou	up)
The amendment(s) was/were adopted by the board of action was not required. The amendment(s) was/were adopted by the incorporaction was not required.	
Dated 3-19-17	
Signature Low By	a de
(By a director, president or	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court if fiduciary)
Toni	Brady
(Typed o	or printed name of person signing)
	
	(Title of person signing)

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