98000061190

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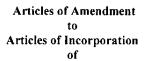
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JUN 29 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FORD & ASSOC	IATES, INC.			
DOCUMENT NUM	D09000041100				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	JERRY W. FORD				
		Name of Contact Perso	n		
	FORD & ASSOCIATES, INC.				
	Firm/ Company				
	109 SOUTH MACDILL AVENUE				
		Address			
	TAMPA, FL 33609-3128				
		City/ State and Zip Cod	e		
JWF	ORD@FORDASSOCINC.CC)M			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas		874-6621		
Name (of Contact Person		de & Daytime Telephone Number		
	r the following amount made				
\$35 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)		
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle cassee, FL 32301		



SECRETARY OF STATE DIVISION OF CORPORATION

2016 JUN 24 PM 4: 20

	on as currently filed with the Florida Dept. of State
FORD & ASSOCIATES, INC.	798000061190
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation:
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the a	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
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 MAY BE A POST OFFICE BOX	<u></u>
 If amending the registered agent and/or registered new registered agent and/or the new registered or 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	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 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	VP	JONATHAN W. FORD	109 SOUTH MACDILL AVENUE
X Add			TAMPA, FL 33609-3128
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			.
Remove			**
Kemove			



E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		

The date of each amendment(s) ad	option:	if other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF CORPORATHEN
Effective date if applicable:		
	(no more than 90 days after amendment file date)	2016 JUN 24 PM 4: 20
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopty the shareholders was/were sufficiently.	pted by the shareholders. The number of votes cast for the amendn ficient for approval.	nent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and share	holder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	er
Dated 2.0	Juny Zolle	
(By a di	rector, president or other officer – if directors or officers have not be, by an incorporator – if in the hands of a receiver, trustee, or other ad fiduciary by that fiduciary)	
	JERRY W. FORD	
-	(Typed or printed name of person signing)	
1	DIRECTOR	
_	(Title of person signing)	

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