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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
FAIL AHASSEE, FLORID

MAY 1 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

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

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

	oration as currently	-	rida Dept. of State)	-	
199	1000011	00b		Z S	2015
(De	ocument Number of	Corporation (if kno	wn)	C.S.	75
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corpo	oration adopts the follow	wing amond	men
A. If amending name, enter the new name of the	he corporation:			THE T	iew
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," or "B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	Corp," "Inc," or "C r the abbreviation "F cable:	o". A professiona			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E <i>BOX</i>)				- -
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, ente	r the name of the		_
Name of New Registered Agent					
	(Florida stree	et address)			
Non-Parist and Office All	(1.07.44.57.57	, una coo	F1 1 .		
New Registered Office Address:	(0	City)	, Florida(Z	ip Code)	-
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		th and accept the o	bligations of the positio	n.	
	Signature of New Re	gistered Agent. if c	hanging		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	\checkmark	Jeffrey L. Trego	110, Alamanda Court
X Add		·	Royal Palm Beach
Remove			FL: 33411
2) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
t:3) Change		-	
Add			
Remove			
4) Change		_	
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			-
6) Change			
Add			
Pemove			

ttoch addition	adding additional sheets, if nec	onal Articles,	enter change(s)	here:		
uach aaamon	at sneets, ij nec	essaryy. (De	specific)			
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an_amendme	nt provides for	r an exchange	, reclassificatio	n, or cancellati	on of issued sha	ares,
rovisions for	implementing licable, indicate	the amendme	ent if not contai	ned in the ame	ndment itself:	
(y nor app		· · · · · · · · · · · · · · · · · · ·		-		
						
			NA			
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	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated May 1st 2015	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jeffrey N Daviel (Typed or printed name of person signing)	
President-	
(Title of person signing)	