P99000028061

(Re	questor's Name)	
(Ād	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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14 NOV 17 PM 4: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend

NOV 26 2014

T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DAVID P CA	(Name of Corpor	
DOCUMENT NUMBER: 299	0000 28061	
The enclosed Officer/Director Resign	nation for a Corporatior	and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to th	e following:
DAVID P CARR		
(Name of Perso	on)	
(Name of Firm/Con	npany)	
1540 SW 48TH TEF	RR	
(Address)		
CAPE CORAL FL 3		
(City/State and Zip	Code)	
For further information concerning the	his matter, please call:	
DAVID CARR	_{at (} 239	791-1040 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	& Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporatio 2661 Executive Center Tallahassee, FL 32301	· Circle

CR2E044 (05/13)

TO:

Articles of Amendment **Articles of Incorporation**



14 NOV 17 PM 4: 16

of DAVID P CARR, CPA PA.

	currently filed with the Flo	rida Dept. of State)	_
P99000028061			
(Documen	nt Number of Corporation (if I	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the o". A professional corporation name mus. A."	
B. Enter new principal office address, if applicable:		1540 SW 48TH TERR	
(Principal office address <u>MUST BE A S</u>		CAPE CORAL FL 33914	
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1540 SW 48TH TERR	_
		CAPE CORAL FL 33914	_
D. If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the new registered of fice address Name of New Registered Agent DAVID P CARR			
Name of New Registerea Agent	1540 SW 48TH	TERR	
	(Florida stree		
New Registered Office Address:	CAPE CORAL	, Florida_33914	
	(City)	(Zip Code)	_
	ered agent. I am familiar wi	th and accept the obligations of the position	.
Si	gnaure of New Registered Ag	ent, 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	<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	D	ROBERT CARR	16121 SUNSET STRIP
Add			FT MYERS FL 33908
Remove			
2) Change			
Add			
Remove			
3) Change	- · · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

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provisions	dment provid s for implement applicable, in	nting the ame	ange, reclassifi ndment if not c	cation, or cane ontained in the	amendment	itself:	
provisions	for implemen	nting the ame	nange, reclassifi ndment if not c	cation, or can ontained in the	e amendment	itself:	
provisions	for implemen	nting the ame	lange, reclassifi ndment if not c	cation, or canc	e amendment	itself:	
provisions	for implemen	nting the ame	nange, reclassifi	cation, or canc	amendment	itself:	-
provisions	for implemen	nting the ame	nange, reclassifi	cation, or cand	amendment	itself:	
provisions	for implemen	nting the ame	nange, reclassifi	cation, or can	amendment	itself:	

The date of each amendment(s) adoption: 11/10/2014	, if other than the
date this document was signed.	
Effective date if applicable: 11/10/20114	<u> </u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 11/14/2014 Signature President	_
(B) 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)	,
DAVID P CARR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	