P9900080751

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C. GOLDEN FEB 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Coolidge Referrals	i, Inc	<u> </u>
DOCUMENT NUM	P9900080751	<u>.</u>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Debra Deacon Coolidge		
		Name of Contact Person	1
	Coolidge Referrals, Inc		
		Firm/ Company	
	1759 West Fletcher Avenue		
		Address	
	Tampa, Florida 33612		
		City/ State and Zip Cod	e
debr	a@coolidgerealty.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se cail:	
Debra Deacon Coolidge		at (813	886-4433
Name	of Contact Person	at (813) 886-4433 Area Code & Daytime Telephone Nu	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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COOLIDGE REFERRALS, INC.

(Name of Corporatio	on as currently filed with the Florida Dept. of State)	
	P99000080751 .	·· · · · · · · · · · · · · · · · · · ·
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	d "corporation," "company," or "incorporated" or t " "Inc," or "Co". A professional corporation name n abbreviation "P.A."	he abbreviation must contain the
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u></u>	
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
Ten registered office mayers.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the posit	tion.
	ature of May Payietavad James if changing	
Signa	ature 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V		William Simpson	1759 West Fletcher Avenue
X Add		_		Tampa, Florida 33612
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	4//4			
		N/ff			
		7			
					
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		.•	** . * **		
an amendment provides for an exciprovisions for implementing the ame	<u>nange, reclassific</u> endment if not co	ation, or can intained in th	<u>cellation of issu</u> e amendment it	<u>ed snares,</u> self:	
(if not applicable, indicate N/A)	endirent in nove	illumed ill th			
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		./n			
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			<u>-</u>		
			_		

	February 20, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock 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 add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendr afficient for approval.	nent(s)
	proved by the shareholders through voting groups. The following st 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)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	er
February 2	0, 2018	
DatedSignature	Debia Desia Coolidae	
	irector, president or other officer – if directors of officers have not	
	d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	Court
	Debra Deacon Coolidge	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	