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COVER LETTER

O: Amendment Section Division of Corporations

HAME OF CORPORATION: BAY AREA INVESTMENT GROUP, INC. DOCUMENT NUMBER: P99000106419
DOCUMENT NUMBER: P99000106419
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDREW ROSS Name of Contact Person
Firm/ Company
2121 EGRET DR. Address
CLEARWATER, FL. 33764 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANDREW Ross at (727) 743-7670 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

to

(Name of Corporation as currently filed with the Florida Dept. of State) P 9 000 10 6419 (Document Number of Corporation (if known) resuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following ament Articles of Incorporation: If amending name, enter the new name of the corporation: M A		of		Y ? ^
(Document Number of Corporation (if known) resuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: The me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation," "Inc.," or "Or". A professional corporation name must contain red "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: "Incipal office address MUST BE A STREET ADDRESS") Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	RAY AR	EA INVESTIGENT	GROUP, INC.	1 2 Bu
(Document Number of Corporation (if known) suant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation: If amending name, enter the new name of the corporation:	(Name of C	orporation as currently filed with	the Florida Dept. of State)	7//.
(Document Number of Corporation (if known) result to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amend Articles of Incorporation: If amending name, enter the new name of the corporation:		P99000106419		
Articles of Incorporation: If amending name, enter the new name of the corporation: M			on (if known)	
The memory be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia forp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain ord "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		5. Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the foll	lowing amendmen
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	If amending name, enter the new name	of the corporation:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	N/A			The new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	orp.," "Inc.," or Co.," or the designatio	n "Corp," "Inc," or "Co". A pr	ofessional corporation name i	nust contain the
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			V/A	<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	rincipal office address <u>MUST BE A STRE</u>	<u>ET ADDRESS</u>)		
new registered agent and/or the new registered office address:			N/A	
Name of New Registered Agent A/A			ida, enter the name of the	
	Name of New Registered Agent	N/A		
(Florida street address)		(Florida street address)		
New Registered Office Address:, Florida	New Registered Office Address:		Florida	
(Zip Code)				(Zin Code)
		(Cu)		17.197 - 1711.67

Signature of New Registered Agent, if changing

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ldress of each Officer and/or Director being added:

Ittach additional sheets, if necessary)

lease note the officer/director title by the first letter of the office title:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief vecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office eld. President, Treasurer, Director would be PTD.

Thanges 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 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, like Jones, V as Remove, and Sally Smith, SV as an Add.

Xample: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	V ANDREW R. Ross	2121 EGRET DR.
<u>X</u> Add		CLEARWATER, FL. 3376
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
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51 Change		
Add		
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6) Change		
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(if not applicable	, indicate N/A)	ien noe containes in	the distribution is	<u></u>	
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ne date of each amendment(s) adoption:	11/20/19	, if other than the
te this document was signed.		
ffective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
ote: If the date inserted in this block does not seament's effective date on the Department of St		ements, this date will not be listed as the
doption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sharp by the shareholders was/were sufficient for app		e amendment(s)
The amendment(s) was/were approved by the s must be separately provided for each voting gr		
"The number of votes cast for the amendi	ment(s) was/were sufficient for approval	
bv		
(voting	g group)	
The amendment(s) was/were adopted by the bo action was not required.	pard of directors without shareholder action	and shareholder
The amendment(s) was/were adopted by the indaction was not required.	corporators without shareholder action and	shareholder
Dated /1/20/	<u> </u>	
Signature	POA ATTUNEY - IN - Frect of ent or other officer - if directors or officers	En Douthe, P.Ros.
selected, by an incorp appointed fiduciary b	porator – if in the hands of a receiver, trusted with a fiducional	e, or other court
appointed reductary of	y diac fiduciary)	
	ANDREW R. ROSS	
(T)	yped or printed name of person signing)	
•	PRESIDENT	
	(Title of person signing)	