529586

(R	equestor's Name)	
(Ā	ddress)	
(A)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: DOCUMENT NUMBER:	529586
The enclosed Articles of Amendment and fee are submit Please return all correspondence concerning this matter BOWNIE TRAUS Lake Lake Lake Lake Lake Lake Lake Lake	CUNINGHAY Same of Contact Person INC Firm/ Company Le Worth Road Address Orth IT 33463 Tity/ State and Zip Code
For further information concerning this matter, please care and the Continuous Contact Person. Enclosed is a check for the following amount made payable \$35 Filing Fee \$\text{Certificate of Status}\$	at (561) 572-0428 Area Code & Daytime Telephone Number
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of	atton
TPA	115 100,
(Name of Corporation as currently 151-3	(a) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
520	<81 ₂
(Document Number of Corpo	oration (if known)
(Focusion National of Corps	(I KK/MI)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation," "c	The newThe new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co".	A professional corporation name must contain the
word "Chartered" "professional association," or the abbreviation "P.A."	NIA
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
<u></u> 	
	·
C. Enter new mailing address, if applicable:	. Vin-
(Mailing address MAY BE A POST OFFICE BOX)	NIA
	= 1
	<u> </u>
D. 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?	<u> </u>
Name of New Registered Agent	72 WAR
·	5 7
Ce135 Lakeux	
efforida street add	1
New Registered Office Address: Lake Wort	N, FL Florida <u>5546.5</u>
(CH_{ij})	(Zip Code)
Non-Domistoral Americ Simutura if shanging Rani-tarad Agent:	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with an	nd accept the obligations of the position.
N	·
Signature of New Register	red Agent, if changing

Attach additional shee Pleasy note the officer P = President: V = Vu Executive Officer: CF held, President, Treasu Thanges should be not i Thange, Mike Jones Mike Janes, V as Remi	ets, if neces director tit we Presiden () = ('hief irer, Direct ted in the fa leaves the (tle by the first letter of the off u; T= Treasurer; S= Secrete Financial Officer. If an offi tor would be PTD. Illowing manner. Currently.	wy: D= Diræctor: TR= T icer/director holds more John Doe is listed as the	rustee; C = Chairman or Cler than one title, list the first lett PST and Mike Jones is listed o should be noted as John Doy,	er of each office is the V. There is
Example: - <u>X-</u> Change	PT	John Doe			
X Remove	<u>Y</u>	Mike Jones	1		
<u>X</u> Add	<u>sv</u>	Sally Smith	I		
Lype of Action Check One)	<u>Litle</u>	<u>Name</u>		<u>Addres</u> s	
L) Change				/ <u></u>	
Add					
Remove					
2) Change	······································				
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

(Attach additional sheets, if necessary)— (Be specific)	
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If an amendment provides for an exchange, reclassification, or ea provisions for implementing the amendment if not contained in t	ncellation of issued shares,
(if not applicable, indicate NAY)	(
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The date of each amendment(s) adoption this day was sized at	ion:	· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.	7-27.	-2017	
Effective date <u>if applicable</u> :		days after amendment file date)	
	mi mort man 200		
Note: If the date inserted in this block document's effective date on the Depart		ble statutory filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	1	
☐ The amendment(s) was/were adopted by the shareholders was were suffic	-	number of votes east for the amendm	ent(s)
☐ The amendment(s) was were approvement be separately provided for each			tement
"The number of votes cast for	the amendment(s) was/were.	sufficient for approval	
F	(voting group)		
•	(voting group)		
E. The amendment(s) was were adopted action was not required.	f by the board of directors w	rithout shareholder action and sharely	older
The amendment(s) was/were adopted action was not required.	d by the incorporators withou	at shareholder action and shareholde	r
DatedSignature	7-19-201	7	
selected, b		r – if directors or officers have not b nands of a receiver, trustee, or other	
	Michael	Urban	
	(Typed or printed na	me of person signing)	
	Partner, of	ficer	
	(Title of	person signing)	