## S51862

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: CROSS CURREN	TS, INC.			
DOCUMENT NU	MBER: S51862				
	les of Amendment and fee are su	bmitted for filing.			
Please return all cor	rrespondence concerning this ma	tter to the following:			
	Helen S. Atter				
	Name of Contact Person				
	The Lifes Firm, P.A.				
		Firm/ Company			
	301 West Bay Street, Suite 19	030			
	Address				
	Jacksonville, Florida 32202				
		City/ State and Zip Code	c		
	hatter@thelilesfirm.com		./		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, pleas	se call:			
Helen S. Atter		904 at (	634-1100		
Nan	ne of Contact Person	at (904 ) 634-1100 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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)		
A D P	Tailing Address mendment Section division of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CROSS CURRE	ENTS, INC.
(Name of Corporation as curren	ntly filed with the Florida Dept, of State)
\$5186	62
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The wave
N/A  name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A STE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent N/A	
·	street address)
New Registered Office Address: N/A	, Florida
,	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar  N/A	nt: r with and accept the obligations of the position.  Registered Agent, if changing
Signature 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	5_	Donevan Wirth Crichton	4255 Appleton Ave
Add			Jacksonville, FL 32210
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del> :		
Add			
Remove			
6) Change	h		
Add			
Remove			

The date of each amendment(s) adoption:date this document was signed.	7/10/2019	, if other than the
-	7/10/2019 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	)
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing requirement State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the ame approval.	endment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following group entitled to vote separately on the amendmen	g statement u(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	ting group)	
(vo.	ung group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sh	narcholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareh	oolder
July 2019 7/1	0/2019	
Signature	~ C & andrer	
(By a director pres	ident or other officer - if directors or officers have r	not been
selected, by an inco appointed fiduciary	orporator - if in the hands of a receiver, trustee, or o	ther court
арропцей поистагу	by that fiduciary)	
<u>\</u>	Typed or printed name of person signing)	
(	Typed or printed name of person signing)	
	resident	
	(Title of person signing)	