

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300297354683

03/30/17--01008--002 \*\*35.00

And

APR 03 2017

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SNELL & ASSOC	CIATES, INC.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Adam A. Czaya, Esq.		
		Name of Contact Perso	n
	Keith Taylor Law Group, P.	<b>A</b> .	
	DO D 0016	Firm/ Company	
	P.O. Box 2016		
		Address	
	Lecanto, FL 34460		
		City/ State and Zip Cod	e
icaell	@tampabay.rr.com		
Jstich		sed for future annual report	
	E-man address. (to be us	sed for future annual report	normeation)
For further information	n concerning this matter, please	se call:	
Adam Czaya, Esq.		at ( <u>352</u>	795-0404
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
•		Tallahassee, FL 32301	

## 17 MAR 30 AH II: 03

## Articles of Amendment to Articles of Incorporation

of SNELL & ASSOCIATES, INC.

(Name of Corpora	tion as currently filed with the Florida Dept, of State)
S92218	
(Docu	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the	corporation:
	The new ord "corporation," "company," or "Incorporated" or the abbreviation "p," "Inc," or "Co". A professional corporation name must contain the ne abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	<u>le:</u> <u>DRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u> )
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent:  I am familiar with and accept the obligations of the position.
Sin	enature 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.

X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	FREDERICK J. SNELL, JR.	6210 W. CORPORATE OAKS DE
Add			CRYSTAL RIVER, FL 34429
x Remove			
2) Change	PSD	JULIE SNELL	6210 W. CORPORATE OAKS DR
X Add			CRYSTAL RIVER, FL 34429
Remove			
3) Change		**************************************	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			-
Remove			
6) Change			
Add	-		
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) a date this document was signed.	doption:, if other than (
Effective date if applicable:	
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as tepartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voling group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
DatedSignature(By a disclere)	repted by the incorporators without shareholder action and shareholder  2 0/7  Pector, president or other officer – if directors or officers have not been the diduction of the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)  FREDERICK J. SNELL, JR.
	(Typed or printed name of person signing)
	President

(Title of person signing)