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FORETARY OF STATE SECRETARY OF STATE

AUG 2 5 2017 S. YOUNG

# **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NETWORK ACCESS CONSULTANTS, OF CENTRAL FLUCTORITY DOCUMENT NUMBER: 595751
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROCK GENTILE PREST. TENT  Name of Contact Rerson  NETWORK ACCESS CONSULTANTS OF CENTRAL FLORIDA I  Firm/ Company  PU BUX 150760  Address  BLTAMUNTE SPRINGS FLORIDA 32715  City/ State and Zip Code  ROCK/GENTILE B BELSOUTH. NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person RESTORNET at (407) 701-1684  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

### Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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

	CONSULT	ANTS OF	CKN+UBL	Flo	(C, D	口户	Ŋ
<u> </u>	oration as currently	filed with the Flori	da Dept. of State)			,	
595751	· · · · · · · · · · · · · · · · · · ·						_
(C	Document Number of	Corporation (if know	n)				
Pursuant to the provisions of section 607.1006, F ts Articles of Incorporation:	Torida Statutes, this F	Torida Profit Corpor	vation adopts the fo	llowing a	nendm	ent(s) t	0
A. If amending name, enter the new name of	the corporation:						
				Ti	ie nev	A)	
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	Corp," "Inc," or "C	Co". A professional		the abbr	eviatio	n	
s. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>							
Enter new mailing address, if applicable:	- POI						
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	<del> </del>					
		<del> </del>					
				Pio	्रस्य		-
If amounting the positioned agent and/or ma	سلمان مماككم انمسمغيات	and the Florida, auton	the name of the		Æ	~ <del>11</del> 1	
<ul> <li>If amending the registered agent and/or re new registered agent and/or the new regist</li> </ul>			the name of the	SS	2	==	÷
Name of Nav Pariatouad Agant				A C	.ω —	igi	س
Name of New Registered Agent			. :		⊋ ω	Ū	, j
<del></del>	(Florida stre	et address)		200	: 52		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		, Florida <u>· · ·</u>				
	(1	City)		(Zip Cod	(e)		
New Registered Agent's Signature, if changing the lange of the supposite o		ith and accept the ob	ligations of the pos	ition.			
	Signature of New Re	egistered Agent, if chi	anging	<del></del>			

# 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 D	<u>loe</u>		
	<u>v</u>				
X Remove		Mike J			
X Add	<u>\$V</u>	Sally S	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	40	0	JOHN	LEW:S	PO BOX 150760
Add					A COUNTY SHUMBEJA
Remove					32715
2) Change					
Add					
Remove					
3) Change	-	<del></del>		<del> </del>	
Add					<del></del>
Remove					
4) Change				<del> </del>	<del></del>
Add					
Remove					
5) Change		<del></del>	<del> </del>	<del></del>	
Add					
Remove					
6) Change			<del></del>		
Add					
Remove					

ttach additional sheets, if necessary).	rticles, enter change(s) here:  ). (Be specific)	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
orovisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
(y not applicable, indicate tvA)		
· · · · · · · · · · · · · · · · · · ·	<del></del>	
	<del></del>	

	, if other than the
date this document was signed.	
Effective date if applicable: 8/23/2017	·····
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated8/21/2017	•
Signature Rock Whitele	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
KOCK GEHTILE	
(Typed or printed name of person signing)	
PRES, DENT	
(Title of person signing)	