## VD6570

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TO: Amendment Section Division of Corporations J. Arthur Smith: Inc. DOCUMENT NUMBER The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following Maryonne Smith

J. Arthur Smith. Inc. 395 Interstate Boulevoid Sarasata, FL 34240
City/ State and Zip Code groutsmith@yahoo.com For further information concerning this matter, please call: 941 924-4433
Area Code & Daysime Telephone Number Maryanne Smith Enclosed is a check for the following amount made payable to the Florida Department of State. \$35 Filing Fee □\$43.75 Fifting Fee & □\$43,75 Filing Fee & □\$52,50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, Fl. 32314

(Additional Copy is enclosed)

Street Address
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301 2011 OCT 23 PM 2: 24

to Articles of Inco	- Choration
J. Arthor:	Smith, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
V 065	70
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation;	N/A The new
name must be distinguishable and contain the word "corporation,  "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "company," or "incorporated" or the abbreviation of A professional corporation name must contain the
C. Enter new mailing address, if applicable; (Muiling address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address	Sarasota, FL 34240  6341 Porter Road  #10 F #11  Sarasota, FL 34240
Name of New Registered Agent    10   10   10   10   10   10   10   1	N/A HER Road, #109 #11
New Registered Office Address: 50K0.	Sofa Florida 34240

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA Signature of New Registered Agent, if changing

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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 address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Please note the officer director tule by the first letter of the office tule:

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	PT John Doc	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type_of_Action (Check One)	_Title Name	Address
1) Change	D Jonathan David Smith	395 Interstate Boulevard
Add Remove		Sarasota, FL 34240
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		

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	ange, reclassification, or cancellation of issued	
visions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itse	<u>96:</u>
- · · · · · · · · · · · · · · · · · · ·		
<del></del> :-		

The date of each amendment(s) adoption:	10-16-17	, if other than the
date this document was signed	10 17 17	
Effective date if applicable:		
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's r		will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the sharehe must be separately provided for each voting group c.		
by	o) was/were sufficient for approval	
(voting grou	(P)	
☐ The amendment(s) was/were adopted by the board of section was not required.	directors without shareholder action and shareholder	
M		
The amendment(s) was/were adopted by the incorpor action was not required	ntors without shareholder action and shareholder	
Dated 10/17/17		
	$\overline{}$	
Signature	other officer - if directors or officers have not been	<del></del>
	- if in the hands of a receiver, trustee, or other court	
appointed inductary by mar		
	John A. Smith	
(Typed o	printed name of person signing)	
	President	
	(Title of person signing)	

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