## V06694

Office Use Only



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DEC - 4 2015 C McNAIR

## **COVER LETTER**

| COVER LETTER   |
|--|
| TO: Amendment Section Division of Corporations  NAME OF CORPORATION:  DOCUMENT NUMBER:  VOUL 94  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| For further information concerning this matter, please call:   |
| Potti Williams  at 727 57 u 500 l l 189 u  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 AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations  |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment to

|  | Articles of Incorporation                            |                                  |              |
|--|--|----------------------------------|--------------|
| A Total  | of The   |                                  |              |
| TILKTY)MI  | CS MC  |                                  | <i>19</i>    |
| (Name of Corporati   | ion as durrently filed with the Flor                 | ida Dept. of State)              | ر (ت         |
| V D(1694   | 4  |                                  |              |
| (Docum   | ment Number of Corporation (if know                  | wn)                              | 4後           |
| Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:  | a Statutes, this Florida Profit Corpo                | ration adopts the following amer | ndment(s) to |
| A. If amending name, enter the new name of the co  | orporation;  |                                  |              |
| NIA  |  | The                              | new          |
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI.  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | e:  DRESS)   |                                  |              |
| D. If amending the registered agent and/or register  | red office address in Florida, enter                 | r the name of the                |              |
| new registered agent and/or the new registered   | office address:                                      |                                  |              |
| Name of New Registered Agent   | TYUA A WI<br>50 18th Ave<br>(Florida street address) | KINS                             |              |
| New Registered Office Address:   | PETEN BUY  | Florida 331 (Zip Code)           | ما           |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.   |  | bligations of the position.      |              |

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 <math>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                      | PT John                | <u>Doe</u>       |   |
|-------------------------------|------------------------|------------------|---|
| X Remove                      | V <u>Mike</u>          | Jones            |   |
| X Add                         | <u>SV</u> <u>Sally</u> | Smith            |   |
| Type of Action<br>(Check One) | <u>Títle</u>           | Name             | Address                                   |
| 1) Change                     | DED                    | Galinski Michael | 2500 118th Ave N                          |
| Add                           |                        | 1                | St Paterburg PL 33116                     |
| Remove                        |                        | •                |   |
| 2) Change                     | SVP                    | Pointer, Michael | 2570 Hetersburg PL 33716                  |
| Remove                        | - 10                   | ^                |   |
| 3) Change Add                 | TVP                    | Doughtie, Britt  | 2500 118th Ave N<br>St Petersburg FL33716 |
| Remove                        |                        |                  |   |
| 4) Change                     | <u>C00</u>             | Bisaillon, Dan   | 2500 1184 Au N.                           |
| Add Remove                    |                        |                  | St Petersburg FL 33716                    |
| 5) Change                     | CED                    | Skinner, Nigel   | 2550 118th AVP N                          |
| Add                           |                        |                  | St Peterburg A 33716                      |
| Remove                        |                        |                  |   |
| 6) Change                     |                        |                  |   |
| Add                           |                        |                  |   |
| Remove                        |                        |                  |   |

| f amending or adding additional Arti<br>Attach <i>additional sheets, if necessary).</i> | (Be specific)  |
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| <u>f an amendment provides for an exch</u><br>provisions for implementing the ame       | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)   |  |
| sale of the C   | oman   |
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| The date of each amendment(s) adoption: NOVIM DEV 1, 2015 if other than the date this document was signed.   |
|--|
| Effective date if applicable:  (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 date will not be listed as the document's effective date on the Department of State's records.   |
| 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): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |
| by   |
| (voting group)   |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |
| Dated  |
| Signature AMA AMA  |
| (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)   |
| Patricia A Wilkins   |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |