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JUL 1 1 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations NAME OF CORPORATION: E.F.Smith and Associates, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ed Smith Name of Contact Person E.F. Smith and Associates, Inc. Firm/ Company 11874 Walker Avenue Address Seminole, Fl 33772 City/ State and Zip Code esmith2328@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727 ) 639-2222

Area Code & Daytime Telephone Number Ed Smith Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

## Articles of Amendment

•	Articles of Inco	rporation	
	E.F.Smith and Asso	ociates, Inc.	4.5
(Name o	of Corporation as currently	filed with the Florida D	ept. of State)
	V08175		,
<del></del>	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i> .	lorida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa  B. Enter new principal office address, (Principal office address MUST BE A S	ation "Corp," "Inc," or "C tion," or the abbreviation "P if applicable:	o". A professional corp	rporated" or the abbreviation
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
D. If amending the registered agent an new registered agent and/or the ne	w registered office address:	ss in Florida, enter the j	name of the
Name of New Registered Agent	N/A		
	(Florida stree	rt address)	
New Registered Office Address:	N/A		Florida
	10	(lity)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligat	ions of the position.
	Signature of New Re	gistered Agent, if changin	ng

If amending the	e 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Ed Smith	11874 Walker Avenue
Add			Seminole, Fl 33772
Remove			
2) Change		_	
Add			·
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

•
E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A

The date of each amendment	(s) adoption: (c) 24-17	, if other than the
date this document was signed		
Effective date if applicable:	6/29/2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this da ne Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statem of for each voting group entitled to vote separately on the amendment(s):	ent
	cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
6	/29/2017	
Dated		
Signature		
	y a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	п
	Ed Smith	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>