N35416

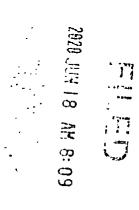
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: F. E. A. S. T. Inc. N35416 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tamara Black
(Name of Contact Person) (Firm/ Company) 1425 Eighth St.
(Address)

Palm Har bor FL 34683 tam tam black O grail con

E-mail address: (to be used) for future annual report notification) For further information concerning this matter, please call: De lecine Roberts at 727-560-4366
(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

F. E.A. S. T., Inc.	<u>.</u>
(Name of Corporation as currently filed with the Florida Dept. of State)	
N35416	
(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Famendment(s) to its Articles of Incorporation:	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" ("Company" or "Co." may not be used in the name.	or the abbreviation "Corp." or Inc."
The state of the s	<u> </u>
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(17771111)	
· ·	3
· 	8: 09
C. Enter new mailing address, if applicable:	0.9
(Mailing address MAY BE A POST OFFICE BOX)	
1	
D. If amending the registered agent and/or registered office address in Florida, et	iter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent: Tamara B	lack
1075 57 1.4	h 5+
1425 Eight	da street address)
New Registered Office Address:	
Palm Harha	, Florida34683
(City)	(Zip Code)
(0.9)	()
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the	e ohligations of the position.
: Dinlora Hack	
Signature of New Register	ed 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.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>PD</u>	Walter Arthur Anders	son 2336 Malcolm Dr. Relin Harbor FL 34684
Remove 2) Change Add	PD	Tamara Black	1425 Eighth St. Palm Harber FL 34683
Remove 3) Change Add Remove	<u>D</u>	Cindy Henningsen	
4) Change Add		Karon Laird	
Remove 5) Change Add	D	Dolaine Roberts	
 Remove Change Add 		Ronald Evers	
(attach additional she	eets, if necessary).		
_ Cha	nge D	Faith Jacques	

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The date of each amendment(s) adopt date; this document was signed.	tion:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated June 15, 2020
Signature (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tamara Black (Typed or printed name of person signing)
President / Executive Director (Title of person signing)

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