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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Secently Corp of The Keys.  DOCUMENT NUMBER: P10000018696
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brian 6-william  Name of Contact Person  Serewity (orp of The Keys.  Firm/Company  139 FNAIAN MOUND Trail  Address  Taverwier FL 33070  City/ State and Zip Code  E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Brian Gwilliam at 786 797-6796  Name of Contact Person  Area Code & Davime Telephone Number
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 Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

TO: Amendment Section

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 Articles of Incorporation

# 2019 HA PH 4. SERENITY CORP OF THE KEYS

P1000001	itly filed with the Florida Dept. of State)	14.57
	of Corporation (if known)	· · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	•	dment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain a "P.A."	ttion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	139 INDIAN MOUNT TaverNIEC FC 330	<u>trail</u> 270
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	139 INDIAN MOUR Tavernite FL 330	- wd + 1 270
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address  Name of New Registered Agent  139 INA (Florida)	<u>288:</u>	_
New Registered Office Address: Taverni		<u>'0</u>
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia Signature of New	nt:  or with and accept the obligations of the position.  We 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 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	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Cathy Gwilliam	141 Navajo ST
Add	•		tavernier F
Remove			33070
2) Change	<del></del>	<del>-</del>	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add	_		
Remove			
<del></del>			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) as date this document was signed.	doption: 3/13/19	, if other than the
· ·	·	
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this be document's effective date on the De	clock does not meet the applicable statutory filing requirements, this date with partment of State's records.	III not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amondment(s) was/were sufficient for approval	
of the state of th	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	<del></del>
аррони	Britan Scott G-william  (Typed or printed name of person signing)	
	(Title of person signing)	<del></del>