## P210000H17H1

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2021 DEC 22 AM IO: 59 SECRETARIO STUDIO SECRETARIO STUDIO

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORA  DOCUMENT NUMBI  The enclosed Articles of	ກາ	10000411	poration
Please return all corresp	ondence concerning this mat	tter to the following:	
-	Best Florida 11105W Cape Ca	Name of Contact Person  Address  City/ State and Zip Code  WILL Chut Wied for future annual report	914 914
For further information	concerning this matter, pleas	se call:	
	Hartwich f Contact Person the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address ndment Section		Address Iment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

St. May's Corpor	ation 2021 DEC 22 At 10:59
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000041741	SECRETARY OF STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"  professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2323 Del Prado Blvd. S.
	Cape Coral Fl 33990
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2323 Del Prado Blvd. S.
	Cape Coral, Fl 33990
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Steffen	Mav
2373 Del Prado (Florida sire	Blvd. S. # 6A Gape Coral, FL 33990
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	The and accept the obligations of the position.
	<i></i>
Signature of New Re	gistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (	e). F.S.

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.

ı

Add #6A (ape Coral, Fl 33990	X Change	<u>PT</u> <u>John</u>	n Doe	
Type of Action (Check One)	X Remove	<u>V</u> <u>Mik</u>	e Jones	
(Check One)  1) X Change	X Add	<u>SV</u> <u>Sall</u>	y Smith	
X Change		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
2) X Change	1) _X_ Change	<u>P/VP</u>	Stefanie May	
Remove	2) X Change	T,S	Stefanie May	2323 Del Prado Blvd. S
Remove	Remove 3) Change			
5) Change	Remove 4) Change			
6) Change	5) Change	<del></del>		
Remove	6) Change			

Attach addition	adding additional Articles, enter change(s) here:  al sheets, if necessary). (Be specific)
_	
	/
If an amendme	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions for	implementing the amendment if not contained in the amendment itself:
(ij noi app	licable, indicate N/A)

	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file (	
	(no more than 90 days after amendment file (	date)
<b>Note:</b> If the date inserted in this blocoument's effective date on the Dep	ock does not meet the applicable statutory filing require artment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the ficient for approval.	e amendment(s)
	oved by the shareholders through voting groups. The foliach voting group entitled to vote separately on the amend	<del>-</del>
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
<u> </u>	(voting group)	
Dated	1412021	
Signature		
(By a dir selected	ector, president or other officer – if directors or officers h by an incorporator – if in the hands of a receiver, trustee d fiduciary by that fiduciary)	
-	Stefanie May (Typed or printed name of person signing)	
-	President (Title of person signing)	