P23000051045

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200412574352

09/13/23--01021--004 **43.75

2023 AUG 28 PH 2: 33 SECRETARY OF STATE

Omend/ Name Change

AUG 2 9 2023 D CUSHING

COVER LETTER

TO: Amendment Section

Division of Corporations Ral Estato 9 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person For further information concerning this matter, please call: ame 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 □843.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Artic	les of Amendment
Article	to es of Incorporation
Mistamornson Real Es	toto a Company Inc State Surrently filed with the Florida Dept. Jof State
Pai	300051045
(Document Ni	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporal name must be distinguishable and contain the word "corporal "Inc.," or Co.," or the designation "Corp." "Inc." or "	tion: Office of the state of the substration of th
"chartered," "professional association," or the abbreviation	1 "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	Melb FC 32901
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	831WCorolinast West melbFL 32904
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	
Name of New Registered Agent	M
(FI	orida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
Signature o	New Registered Agent, if changing

Check if applicable

 $[\]Box$ 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; CE() = 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessity	zssary). (Be specij	μc)			
			··-		
	_		•		
		• • • • • • • • • • • • • • • • • • • •			
	<u> </u>		<u> </u>		
					
					_
					
f an amendment provides for	an exchange, recla	ssification, or can	cellation of issue	d shares.	
provisions for implementing (if not applicable, indicate	the amendment if r	not contained in th	ne amendment its	self:	
(у погаррисион, такан	IVA)				
			 _		
	<u>_</u> .				_
					_

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
inective date in applicable.	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirem artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop action was not required.	sted by the incorporators, or board of directors without share	reholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The folloach voting group entitled to vote separately on the amenda	wing statement nent(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	2425th 2023	
Signature	Mits Mayor	
(By a dire selected,	ector, president or other difficer – if directors or officers ha by an incorporator – if in the hands of a receiver, trustee, of d fiduciary by that fiduciary)	
_	Misty Morrison	
	(Typed or printed name of person signing)	
-	(Title of person signing)	