## 146516

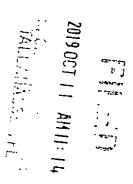
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## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 5007H&	ATE INC.
DOCUMENT NUMBER: 1465/	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
W ILLIAN	
South	Name of Contact Person  CATR IX.
Po. box	Firm/ Company / 800 5
TAMPA	F2 Address 336 79
bill_Miller E-mail address: (to be us	City/ State and Zip Code  5/Ehoma/. Com  sed for future annual report notification)
For further information concerning this matter, pleas	se call:
WILLIAM D. MILLER	
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	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to Articles of Incorporation

Southente Incorporation as currently filed	SRATEO d with the Florida Dept. of	State)		
146516	;			
(Document Number of Corp	ooration (if known)			-
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	da Profit Corporation adopts	the following	g amendn	nent(s) to
A. If amending name, enter the new name of the corporation:				
			The ne	
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable:	1115			
(Principal office address MUST BE A STREET ADDRESS)	NA		2	
		13.1	611	
<del>-</del>	1/1	:	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/G)		<del></del>	~ 63433
	t	tv.	AH	
<del>-</del>			<del></del>	ت افیست
		<del></del>	=-	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address;	Florida, enter the name of	the		
	1)/			
Name of New Registered Agent	/		•	
(Florida street add	dress)			
New Registered Office Address:	Flo	rida		
(City)	,	(Zip (	lode)	
New Registered Agent's Signature, if changing Registered Agent:				

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:	DT John Dog		
X_Change	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	SV Sally Smith	1	
Type of Action (Check One)		ame	<u>Addres</u> s
1) Change	CFO H	OLLAND, MELANIESUE	3825-B HENDERSIN BLUD. TAMPA, FL. 33609
Add			(AMPA, 42. 32609
X Remove			
2) Change	VICE PRES. 1	MULER DEBORAH B.	4520 S. FERNCROFT CIRCLE TAMPA, FL 33629
X Add			1 HM /H, +2. 3 2007
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		···	
Add			
Remove			

açıı addınondi sheets	, if necessary).	(Be specific)			
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	<u> </u>	/\_/_	<u> </u>		
		(	<i>V</i> .]		
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n amendment prov					
ovisions for implem (if not applicable,		dment it not cont	ained in the amen-	<u>ament itseit:</u>	
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·		<i>l</i>	<i>p</i> 1		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: / / 5 / 9 / 9 / 15 / 9 / 15 / 9 / 15 / 15	
(The more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by¨	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/8/19	
Signature // Wille	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
SWNER- PRESIDENT	
(Title of person signing)	