344969

(Req	questor's Name)	
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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations	•		
NAME OF CORPO	ORATION: MICHOLS EQUIP	MENT, INC.		
DOCUMENT NUM				
	es of Amendment and fee are su	bmitted for filing.		
	respondence concerning this ma			
	GARY NICHOLS	-		
		Name of Contact Person	1	_
	Nich	de Ventue	Ine / Nich	Esmount In
		Firm/ Company	<u> </u>	
	8232 HIDDEN LAKE DR S			
	 	Address		
	JACKSONVILLE, FL 32216			
	•	City/ State and Zip Cod	e	
	GFORCE1954@ICLOUD.C	OM		
	E-mail address: (to be us	sed for future annual report	notification)	
	ion concerning this matter, plea R Nichols e of Contact Person	at (904	<u> 502 793°</u>	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
	nendment Section vision of Corporations		lment Section on of Corporations	
Di	rision of Corporations	LAIVISIC	ar or corporations	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NICHOLS EQUIPMENT, INC			
(Name of Corporation as current	tly filed with the Florida Dept. of State)		
344969			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
NICHOLS VENTURE, INC	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	8232 HIDDEN LAKE DR S		
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32216		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME		
D. If amending the registered agent and/or registered office add	tress in Florida enter the name of the		
new registered agent and/or the new registered office addres			
Name of New Registered Agent			
(Florida st	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
Signature of New 1	Registered 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if i	necessary). (L	, enter change(s Be specific)			
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If an amendment provides	for an exchan	e. reclassificatio	on, or cancellation	of issued shares.	
provisions for implement (if not applicable, indic	ing the amendr	nent if not conta	ined in the amend	lment itself:	
(if not applicable, indi-	cate N/A)				
					
					
				<u> </u>	
					
	<u>.</u>				

The date of each amendment(s)	adoption:	10	13	202	.o	, if other than the
date this document was signed. The Effective date if applicable:	0/31/2020	•••	10	(13)	2020	
	(no more than	1 90 days o	ifter amena	lment file date)	
Note: If the date inserted in this document's effective date on the				uutory filir	ng requirements	, this date will not be listed as the
Adoption of Amendment(s)	(CHE	CK ONE)				
The amendment(s) was/were a action was not required.	adopted by the inc	corporators, c	or board of	directors v	without shareho	lder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were			The numbe	er of votes	cast for the ame	ndment(s)
☐ The amendment(s) was/were : must be separately provided;						
"The number of votes ca	ast for the amendi	ment(s) was/v	were suffic	cient for ap	proval	
by GARY NICHOLS,	DIRECTOR				***	
	(voting	g group)				
10/13/20 Dated	920	P N		义	P	
selec	a director, preside eted, by an incorp pinted fiduciary by	orator – if in	the hands			
	GARY R NIC	CHOLS				
	(T)	ped or printe	ed name of	person sig	ning)	
	PRESIDENT					
	(Ti	tle of person	signing)			- 186 -