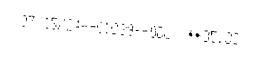
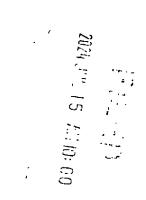


(Requesto	r's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: BULLARD DEVE	LOPMENT CO.		
DOCUMENT NU	MBER: 374842	<u></u>		
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	CHRIS A. BULLARD			
		Name of Contact Persor	1	
	-	Firm/ Company		
	PO BOX 1733			
		Address	-	
	LAKE CITY, FL 32056			
		City/ State and Zip Code	2	
	AUDREYSBULLARD@AO	L.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, pleas	se call:		
CHRIS A. BULLA	RD	386	755-4050	
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BULLARD DEVELOPMENT CO.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
374842	2024, "1 15 M.10: 00
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name musi contain the word
B. Enter new principal office address, if applicable:	1910 SW SR 47
(Principal office address MUST BE A STREET ADDRESS)	LAKE CITY, FL 32025
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>88:</u>
Name of New Registered Agent	
Name of New Registered Agem	
(Florida s	reet address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Ager	nt:
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	D. January Halamating
Signature of New	Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c). 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.

Example: 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)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	STDV	BULLARD, AUDREY S.	1826 SW SR 47		
Add			LAKE CITY, FL 32025		
X Remove					
2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47		
XAdd			LAKE CITY, FL 32025		
Remove 3) X Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47		
Add			LAKE CITY, FL 32025		
Remove					
4) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
6) Change					
Add					
Remove					

'A	dditional sheets, i	if necessary).	(Be specific)				
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lf an aπ	nendment provid	les for an excl	hange, reclass	ification, or can	cellation of issue amendment i	ied shares, tself:	
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The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK_ONE</u>)
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	- Harland
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	CHRIS A. BULLARD
	(Typed or printed name of person signing)
	DIRECTOR