## 459752

(Req	juestor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUVAL PREMI	UM BUDGET, INC.	
DOCUMENT NUM	BER: 459752		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	WILLIAM W. ERWIN SR.		
		Name of Contact Perso	11
	DUVAL PREMIUM BUDG	ET, INC.	
	·	Firm/ Company	<del></del>
	P. O. BOX 40866		
		Address	
	JACKSONVILLE, FL 32203	3	
		City/ State and Zip Cod	<u>e</u>
ы	LLERWINSR@GMAIL.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
WILLIAM W. ERW	IN SR.	904 at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section
Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

DUVAL PREMIUM BUDGET, INC.

459752	
·-· ·	3 15,
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	<i>^∙3,</i> <i>S</i> ∂
ame must be distinguishable and contain the word "corporation".  Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or or ord "chartered," "professional association," or the abbreviation.	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	4228 BLANDING BLVD.
Principal office address MUST BE A STREET ADDRESS )	JACKSONVILLE, FLORIDA 32210
	P. O. BOX 1191
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. BOX 1191 CHIEFLAND, FLORIDA 32644
	CHIEFLAND, FLORIDA 32644  dress in Florida, enter the name of the
(Muiling address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	CHIEFLAND, FLORIDA 32644  dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent	CHIEFLAND, FLORIDA 32644  dress in Florida, enter the name of the sss:
(Muiling address MAY BE A POST OFFICE BOX)  . If amending the registered agent and/or registered office address registered agent and/or the new registered office address Name of New Registered Agent	CHIEFLAND, FLORIDA 32644  dress in Florida, enter the name of the sss:

## 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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<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			<u> </u>
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Remove			
6) Change			
Add			
Remove			

•	(Be specific)		
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-			
			•
		<u> </u>	
		79	•
an amendment provides for an exch	ange, reclassification, or cancell	ation of issued shares	
provisions for implementing the ame	ndment if not contained in the ar	nendment itself:	
(if not applicable, indicate N/A)			
у пострывать, нашин МА)			
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
3/22/2	2019	
Dated Signature	Willen W. En Sx	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	WILLIAM W. ERWIN SR.	
	(Typed or printed name of person signing)	
	PRESIDENT/CEO	
	(Title of person signing)	