## 517856

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(Ré	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	= #)
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## **COVER LETTER**

Division of Corpor	rations			
NAME OF CORPOR	ATION: Profes	sional Lea:	sing + Developme	ent Corp.
DOCUMENT NUMBI	er:5	11856		
The enclosed Articles of	f Amendment and fee are su	abmitted for filing.		
Please return all corresp	ondence concerning this ma	atter to the following:		
-	Pensacola,	Name of Contact Person Flassman Firm/ Company Address FL 3950/ City/ State and Zip Cool (to be used for future annument)	P. A.	
For further information	concerning this matter, plea	se call:		
John C	4.1	<u>59 · at ( 850</u>	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Mailing Address:

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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

## FILED

Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the

new registered agent and/or the new registered office address:

Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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	PT John I	<u> Ooe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P/D</u>	Harold Pridgen	Deceased
Add	·	J	<del></del>
Remove	01.	01 0 11	0.00
2) Change	<u> P/D</u>	Sherry Bennett	P.O. BOX 6 Austin. Co. 81410
Remove Change	YP/D	Wade Pridgen	How Peach Jeaf St.
_X Add		_	14 M 2 M 1 M 2 M
Remove 4) Change		Sheila O'Donovan	550 Chipper Rd
X_ Add			Contonment, Fl 32533
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

L. <u>I</u>	f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
ν-	,, · · · · · · · · · · · · · · · ·
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F. <u>I</u>	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
	<del></del>

The date of each amendment(s) ad	ption:	, 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 this blo document's effective date on the Dep	ick does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the am accient for approval.	endment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated Augu	st 9, 2021	
Signature	Sheila O'Donaxan	
selected	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or of d fiduciary by that fiduciary)	
_	Sheila O'D ono Van (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
-	Secretary Treasurer	
	(Title of person signing)	