686334

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: WESTRIDGE, IN	C			
DOCUMENT NUM					
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	itter to the following:			
	CHRIS A. BULLARD				
	Name of Contact Person				
		Firm/ Company			
	PO BOX 1733				
	Address				
	LAKE CITY, FL 32056 City/ State and Zip Code				
	AUDREYSBULLARD@AOL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea-	se call:			
CHRIS A. BULLARD		at (386	755-4050 de & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number			
Enclosed is a check (for the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	S43.75 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 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 to Articles of Incorporation of

WESTRIDGE, INC.		•	
(Name of Corporation	n as currently filed with the		_
686339		2	: 23
(Docume	ent Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit</i> (Corporation adopts the following amend	- ment(s) t
A. If amending name, enter the new name of the cor	poration:		
	- 	Ti	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional	The n incorporated" or the abbreviation "Corp corporation name must contain the wo	··
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		-
			_
			_
C. Enter new mailing address, if applicable:	_		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u></u>		-
			_
			_
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		enter the name of the	
new registered agent and/or the new registered of	ince address.		
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:		. Florida	_
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent:	the obligations of the position	
nevery accept the appointment as registered agent.	um juminur van und accept	in magazinas sy in pomosis	
Signate	ure of New Registered Agent	, if changing	
Cheele if anniouhla			
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 60)7.0120 (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	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	PSTD	BULLARD, AUDREY S.	1826 SW SR 47
Add			LAKE CITY, FL 32025
X Remove 2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
X Add			LAKE CITY, FL 32025
$\frac{\text{Remove}}{\text{3) } \underline{X} \text{Change}$	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If 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)
N/A

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	older action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
7/12/2024 Dated	lland
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
CHRIS A. BULLARD	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)