



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000289504 3)))



H240002895043ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

2024 AUG 29 AM 10:16  
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 DEPT. OF STATE  
 TALLAHASSEE, FL

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
STUDIO FOUR DESIGN, INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F22000001491

(Document number of corporation (if known))

1. STUDIO FOUR DESIGN, INCORPORATED

(Name of corporation as it appears on the records of the Department of State)

2. TN

(Incorporated under laws of)

3. 03/11/22

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 03/01/20245. STUDIO FOUR DESIGN, A MICHAEL GRAVES COMPANY

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. 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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida

(City)

(Zip Code)

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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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 CLERK OF STATE  
 TALLAHASSEE, FL

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Nat Smith

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Nat Smith

(Typed or printed name of person signing)

Filing Incorporator

(Title of person signing)

FILING FEE \$35.00



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102

FILING TEAM  
784 S CLEARWATER LOOP  
POST FALLS, ID 83854

**Request Type: Certified Copies**  
Request #: 597788

Issuance Date: 08/20/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 009195426	Filing Fee:	\$20.00
Payment-Check/MO - REGISTERED AGENTS INC, SHERIDAN, WY		\$20.00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **STUDIO FOUR DESIGN, A MICHAEL GRAVES COMPANY**, Control # 425310 was formed or qualified to do business in the State of Tennessee on 04/16/2002. STUDIO FOUR DESIGN, A MICHAEL GRAVES COMPANY has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett  
Secretary of State

Processed By: Jayme Murphy

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
4481-0637	04/16/2002	Initial Filing
4758-0115	03/18/2003	2002 Annual Report (Due 04/01/2003)
6151-0017	10/26/2007	Articles of Amendment
6261-2608	03/26/2008	2007 Annual Report (Due 04/01/2008)
A0065-2206	03/30/2011	2010 Annual Report (Due 04/01/2011)
7022-1130	03/23/2012	2011 Annual Report (Due 04/01/2012)
A0159-3278	03/08/2013	2012 Annual Report (Due 04/01/2013)
B0562-8798	06/22/2018	2017 Annual Report (Due 04/01/2018)
B0825-7305	03/02/2020	2019 Annual Report (Due 04/01/2020)
B0974-5744	01/29/2021	2020 Annual Report (Due 04/01/2021)
B1155-1158	02/01/2022	2021 Annual Report (Due 04/01/2022)
B1503-6760	03/08/2024	Articles of Amendment

ARTICLES OF AMENDMENT TO THE CHARTER (PRIVATE)  
OF  
STUDIO FOUR DESIGN, INCORPORATED.

RECEIVED  
STATE OF TENNESSEE  
2007 OCT 26 AM 9:08  
RILEY DARRRELL  
SECRETARY OF STATE

6151.0017

TO THE SECRETARY OF STATE OF THE STATE OF TENNESSEE:

Pursuant to the provisions of Section 48-20-106 of the Tennessee Business Corporation Act, the undersigned Corporation adopts the following Articles of Amendment to its Charter:

1. The name of the Corporation is:

STUDIO FOUR DESIGN, INCORPORATED.

2. The text of the Amendment adopted is as follows:

The Corporation is authorized to issue Ten Thousand (10,000) shares of common stock of the Corporation, which shall have no par value.

3. The Amendment was adopted on October 26<sup>th</sup>, 2007.
4. The Amendment was duly adopted by the shareholders.

DATED: The 26 day of OCTOBER, 2007.

STUDIO FOUR DESIGN, INCORPORATED.

By: H. S. McGuire  
PRESIDENT

## ARTICLES OF AMENDMENT TO THE CHARTER FOR-PROFIT CORPORATION (ss-4421)



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks Ave., 6th Fl  
Nashville, TN 37243  
(615) 741-2286

Filing Fee: \$20.00

*For Office Use Only*

Pursuant to the provisions of T.C.A. § 48-24-106 the undersigned corporation adopts the following articles of amendment to its charter:

1. Please insert the name of the corporation as it appears on record: Studio Four Design, Inc.

If Changing the name, insert the new name. Studio Four Design, A Michael Graves Company

Secretary of State control number (If known): 000425310

2. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date:            /            /            Time:           

3. Please insert any changes that apply:

A. Principal Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

B. Registered Agent: \_\_\_\_\_

C. Registered Address: \_\_\_\_\_

4. Other Provisions:

5. The amendment was duly adopted on: 3 1, 2024  
Month Day Year

- ☐ The incorporators without shareholder action, as such was not required.
- ☐ The board of directors without shareholder action, as such was not required.
- ☒ The shareholders.

**Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.**

03/01/2024

Signature Date

**Signature**

President and Principal

\_\_\_\_\_  
 Signer's Capacity (if other than individual capacity)

Stacy L. Cox

Name (printed or typed)

B1503-6760 03/08/2024 12:22 PM Received by Tennessee Secretary of State Tre Hargett