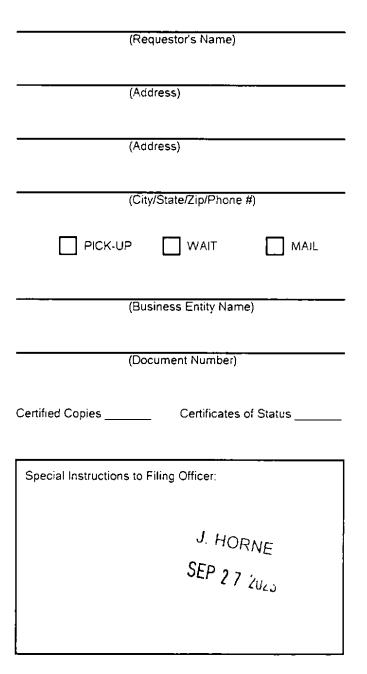
F99000003919



Office Use Only



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08/28/23--01021--021 **35.00



COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons			
SURJECT: INTRI	EPID CAPITAL CORPORATION	٧			
	Name	of Corporation		_	
DOCUMENT NU	MBER: F99000003919				
The enclosed Ame	ndment and fee are submitted for	filing.			
Please return all co	orrespondence concerning this ma	tter to the following	ng:		
TIMOTHY A, PA	GE				
	Name of Contact Person		_		
INTREPID CAPITAL CORPORATION					
	Firm/Company		_		
1400 MARSH LA	NDING PARKWAY, SUITE 100	5			
	Address		_		
JACKSONVILLE	BEACH, FL 32250				
	City/State and Zip Code				
TPAGE@INTREE	PIDCAPITAL.NET				
E-mail addre	ss: (to be used for future annual r	eport notification))		
For further informa	ation concerning this matter, plea	se call:			
TIMOTHY A. PA	GE	904 at (242-5115		
Name	e of Contact Person	Area Coc	le & Daytime	& Daytime Telephone Number	
Enclosed is a chec	k for the following amount:				
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fi Certified Co	iling Fee &	☐ \$52.50 Filing Fee Certificate of Status Certified Copy	

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

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)

F99000003919

	(Document number of corporation (if known)			
INTREPID CAPITAL CORPORATION	×.	: •	.	
(Name of	corporation as it appears on the records of the Department of State)		<u>;;;</u>	_
STATE OF DELEWARE	3 07/30/1999		AUG	
(Incorporated under	r laws of) 3. (Date authorized to do busing a superior of the control of the cont	ness in Flo	oriday	'
	SECTION II		~	7
(4-)	7 COMPLETE ONLY THE APPLICABLE CHANGES)	***	Ŧ	 :
		\mathbb{S}^{n}	ယ္	
	the corporation, when was the change effected under the laws of its j	urड् <mark>रिवे</mark> िंदिरांठा	n (A)	
(Name of corporation after the amendar	nent, adding suffix "corporation," "company," or "incorporated," or a	ippropriati	e abbrev	iation
not contained in new name of the corpo	oration)			
(If new name is unavailable in Florida, e	enter alternate corporate name adopted for the purpose of transacting	business	in Floric	la)
. If the amendment changes the perio	od of duration, indicate new period of duration.			
	F			
	(New duration)			
	,			
7. If the amendment changes the juris	distant of incompanion indicate, near insiedint -			
. If the amendment changes the juris	ediction of incorporation, indicate new jurisdiction.			
	77.00			
	(New jurisdiction)			
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:				
		(ip Code)		
New Registered Agent's Signature is	f changing Registered Agents			
New Registered Agent's Signature, is I hereby accept the appointment as regi	s changing Registered Agent: istered agent. I am familiar with and accept the obligations of the p	position.		
VI - CY B				
signature oj ivew Reg	gistered Agent, if changing			

Type of Action Title/ Capacity Name Address STDONALD C WHITE 1400 MARSH LANDING PKWY, STE 106 ∐Add JACKSONVILLE BEACH, FL 32250 1400 MARSH LANDING PKWY, STE 106 TIMOTHY A PAGE ST☑Add JACKSONVILLE BEACH, FL 32250 Remove □Add Remove □Add Remove \square Add Remove 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. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) MARK F TRAVIS PRESIDENT

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

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)