667089

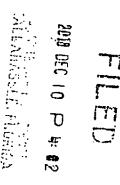
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DALE C. ROSSMAN, INC. DOCUMENT NUMBER: 667089 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person DALE C. ROSSMAN, IN C
Firm/ Company 502 COUNTY DEAD 640 EAST
Address MULBERRY FL 338LD

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (84.3) 904-1077
Area Code & Daytime Telephone Number DALE ROSSMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILFI

DALE C. ROS			" I have those for "	
(Name of Corporati	on as currently f	iled with the Florida	Date Carpetare) D # 85	
6 6703	9			
(Docum	nent Number of C	orporation (if known)	ALLAHASSEE TEORITA	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:			• •	ndment(s)
A. If amending name, enter the new name of the co	orporation:			
			The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co	". A professional co	corporated" or the abbrevi	ation
B. Enter new principal office address, if applicable				
Principal office address <u>MUST BE A STREET ADI</u>	<u>Jress</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter th	e name of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:			. Florida	
res registered office marens.	(Ci	ity)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the oblis	rations of the position.	
	,	r	· •	
Sign	ature of New Reg	istered Agent, if chan	ging	

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	<u>PT</u>	John Doe	
	X Remove	<u>V</u>	Mike Jones	
	X Add	<u>sv</u>	Sally Smith	
	Type of Action (Check One)	Title	<u>Name</u>	Address
	1) Change	P	KENNETH D. B. 21:UN	SUL COUNTY PLAN WHO EAS
ļ	Add			MOLBERRY, PL 33300
	<u>X</u> Remove			
	2) Change			-
	Add			
	Remove			
	3) Change			
	Add			
	Remove			
,	4) Change .			
	Add			
	Remove			
	5) Change			
	Add			
	Remove			
	6) Change			
	Add			
	Remove			

The date of each amendment(s) adoption:	MOVEMBER	26, 2018	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	NOVEMBER	24, 2018	
	(no more than 90 day)	s after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of		statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		ber of votes cast for the amendme	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			ement
"The number of votes cast for the amen		* -	
by(vol		.,, 	
(vot	ing group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors withe	out shareholder action and shareho	older
The amendment(s) was/were adopted by the action was not required.	incorporators without sl	nareholder action and shareholder	
Dated 1//29 / 18.			
		f directors or officers have not be	
Signature Noce 2. of	/ # *.¥		
(By a director, pres	dent or other officer - i	f directors or officers have not be	en
selected, by an inco	rporator - if in the hand	Is of a receiver, trustee, or other e	ourt
appointed fiduciary	by that fiduciary)		
D-	the c ross	of person signing)	
	Typed or printed name	of person signing)	
	DIRECTUR SE	LRETANY	
	(Title of per	son signing)	