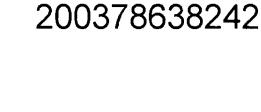
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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C. BRUMBLEY MAR - 8 2022

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Sout		Forlando, Inc.
The enclosed Articles of Amendment and fee are s	abmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Southeaste)	Barry Watson Name of Contact Person rn Capital of Orlando, e Firm/ Company 219 Pasadena Place Address Orlando FL. 32803 City/ State and Zip Code Assorting to be Usouth, net sed for future annual report notification)	Inc. :e
For further information concerning this matter, plea	se call: at (40)	55D
Name of Contact Person	Area Code & Daytime Telepho	one Number
Enclosed is a check for the following amount made	•	
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)	RECEIVED
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, Sui Tallahassee, FL 32303	2022 FEB 28 PM 1: 35 SECRETARY OF STATE TALLAHASSEE, FL

Articles of Amendment to Articles of Incorporation

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of
Southeastern Capital of Orlando, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
the state of the s
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
The new 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: 219 Pasadona Place
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 219 Pasadena Place Orlando FL. 32803
<u>Orlando Fl. 32803</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Figures and ess MAT BE A FOST 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 Barry Watson
219 Pasadena Place Files
New Registered Office Address: Or and , Florida 32803
(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.
The position,
Signature of New Registered Agent, if changing
Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.
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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	PT Joh	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	···· <u>Addres</u> s
1)Change	<u>PSD</u>	Robert J Watso	
Add			Orlando FL. 32803
Remove 2) Change	<u>PSD</u>	Barry Watson	
Add Remove			Orlando FL. 32803
Remove 3) Add			
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
Change			
Add			
Remove			_

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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	·
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 requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	n and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.)
The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ut
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	3
Barry L. Wat 560 (Typed or printed name of person signing)	
(Title of person signing)	
(Time of person signing)	

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