## J14409

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MAR 23 2020 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Sarasota Messenge	er Imprinted Sportswear Inc	:Flying Colours
DOCUMENT NUN	1BER:		
The enclosed Article	es of Amendment and fee are su	ebmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Gary S. Heffner		
		Name of Contact Person	n
	SRQ Messenger Inc.		
		Firm/ Company	
	1135 Stoeber Avenue		
	···	Address	
	Sarasota, Florida 34232		
		City/ State and Zip Cod	e
	garyheffner@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati Gary S. Heffner	on concerning this matter, plea:	941	. 302-7702
Name	of Contact Person	at ( Area Co	)de & Daytime Telephone Number
Enclosed is a check t	or the following amount made		•
S35 Filing Fee	☐\$43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Sarasota Messenger Imprinted Sportswear Inc.-Flying Colours

(Name of Corporation a	is currently filed with the Florida	Dept. of State)
J14409		
(Document	Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporat	tion adopts the following amendment(s) (
A. If amending name, enter the new name of the corpo	oration:	
SRQ Messenger Inc.		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	· "Co". A professional corporat	ated" or the abbreviation "Corp" ion name must contain the word
B. Enter new principal office address, if applicable:	1135 Stoeber Avenu	
Principal office address <u>MUST BE A STREET ADDRE</u>	Sarasota, Florida 342	37 1 1
		WEST T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1135 Stoeber Avenu	FLOWING THE TOTAL OF STATE OF
	Sarasota, Florida 342	32
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent N/A		ne name of the
	(Florida street address)	<del></del>
New Registered Office Address: N/A		. Florida
The Management of the Manageme	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	a familiar with and accept the oblig	
Signature	e of New Registered Agent, if chang	ging
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0	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)

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 Doc	
X Remove	<u>V</u>	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		N/A	
Add			
Remove			
2) Change			
Add			,
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

<u>If amending or adding additional Article</u> (Attach additional sheets, if necessary).	(Be specific)
/A	
<u> </u>	
<u>-</u>	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	
,	

2/27/20	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
2/27/20	
Effective date if applicable:	
(no more than 90 days after amendme	nt file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this date 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 with action was not required.	out shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. 7 must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
Gary Heffner, Karen Heffner	,,
(voting group)	<del>_</del> .
DatedSignature	
(By a director, president or other officer - if directors or off selected, by an incorporator - if in the hands of a receiver, appointed fiduciary by that fiduciary)	
Gary S Heffner	
(Typed or printed name of person signing	g)
President	
(Title of person signing)	