## J47443

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SECRETARY OF THE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Robins Funtasy, In	c			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jeanne McCarthy				
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·		
	Robins Fantasy, Inc.				
	Firm/ Company				
	3150 Florida Coach Dr	,			
		Address			
	Kissimmee, FL 34741				
		City/ State and Zip Code			
	jeanne@floridacoach.com				
	·	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Jeanne McCarthy		at (	846-2782		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of



ROBIN FANTASY INC

(Name of Corporation as c	currently thea with the i	-torida Dept. of State)	_
J97443			
(Document Nu	umber of Corporation (if	known)	
Pursuant to the provisions of section 607.1006. Florida Statut its Articles of Incorporation:	tes, this <i>Florida Profit Co</i>	orporation adopts the following amendn	nent(s) to
A. If amending name, enter the new name of the corpora	tion:		
		The ne	'14'
name must be distinguishable and contain the word "corporat "Inc.," or Co.," or the designation "Corp," "Inc," or "c "chartered," "professional association," or the abbreviation	Co". A professional co	corporated" or the abbreviation "Corp.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>		
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office:  Name of New Registered Agent		nter the name of the	-
		-	
	lorida street address)	<del></del>	
New Registered Office Address:		. Florida	
New Registered Office radicas.	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	d Agent: amiliar with and accept to of New Registered Agent.		
	g .ren negimereu agem,	g consigning	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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)

Example:

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Jeanne McCarthy	3150 Florida Coach Dr
X Add			Kissimmee, FL 34741
Remove			<u> </u>
2) Change			
Add			
Remove 3 ) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

	ding additional Art heets, if necessary).	(Be specific)			
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<u>l an amendment p</u> provisions for inv	provides for an exc plementing the am	hange, reclassitic	ation, or cancellate	<u>tion of issued snar</u> endment itself:	<u>:S.</u>
(if not applica	ble, indicate N/A)	enament ii not vo	manica in the san	CHAIRCIA H.ACA.	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes can	et for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 18th, Dated	2022	
Signature	Ohn Shurayt	
	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other of	
	nted fiduciary by that fiduciary)	our
	Robin Stewart	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	