## K10099

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	()
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

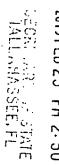
Office Use Only

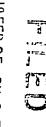


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R. WHITE. FEB 2 7 2019





## **COVER LETTER**

TO: Amendment Section

Division of Corpor	rations		
	ation: <u>Sten</u> er: <u>K 1009</u> 0		Cairy, Anc.
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-		Name of Contact Person  Name of Contact Person  Party  Firm/ Company  Address  Address  City/ State and Zip Code  Sed for futury innual report	20
For further information	concerning this matter, pleas	se call:	
Ed Hen	Account Person	at ( <b>384</b> Area Co	) <u>362-6849</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
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)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Accutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

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	Articles of Incorporation of	
She Na (Name of Corp		TN 2019 FEB 25 PM 2: 50- Dept. of State) TALL AMA SEE WITE
(1)	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporatio</i>	m adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation: N/A	77
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation 'word "chartered," "professional association," o	Corp," "Inc," or "Co". A professional cor	
B. Enter new principal office address, if apple (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	N/A.	
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent		name of the
	(Florida street address)	
New Registered Office Address:	(Čny)	, Florida(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: Note of the obligation of the property of	utions of the position.
	Signature of New Registered Agent, if change	ing

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:

 $P = President; V \cap Vice President; T \cap Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO + Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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: <u>X</u> Change	PT John	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Saff</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Fredrick t	lenderson 7869 199th Ra Live Oak, Fl.
_ <b>X</b> _Add			Live Oak, Fl.
Remove			32060
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

tach addit	or adding additional Artic onal sheets, if necessary).	(Be specific)	I*/ N		
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The date of each amendment(s) adoption: 1/1/2018 , if other than the date this document was signed.
Effective date if applicable: 1/20/8  (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $2/20/2019$
Signature
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Ed Henderson
(Typed or printed name of person signing)
Sea Flan
(Title of person signing)