K47763

(Requestor's Name)
(Address)
(Address)
City (Chapter Tim (Diverse 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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09/17/21--01014--001 **35.00



A Butler

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tri County Development, Inc.					
NAME OF CORPORATION: Tri County Development, Inc. DOCUMENT NUMBER: K47763					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Carol Cannon Name of Contact Person					
Tri County Development, Inc.					
Address Blvd. Suite #102					
New Port Richey FL 34655 City/ State and Zip Code					
Carole deeperaparies.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
$A \rightarrow A$					
Name of Contact Person at (727) 376-6831 & 4.105 Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment Articles of Incorporation of

FILED

onaly Development, In n as currently filed with the Florida D	
K 47763	CONTINUE STAT
ent Number of Corporation (if known)	M.E.M. I. SOME, FL
Statutes, this Florida Profit Corporation	adopts the following amendme
rporation:	
,	The new
or "Co". A professional corporation	d" or the abbreviation "Corp.," name must contain the word
	<u>.</u>
<u>RESS</u>)	
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<u> </u>	
ed office address in Florida, enter the r ffice address:	ame of the
	
(Plumite and all all all all all all all all all al	
(r tortaa street aaaress)	
	, Florida
(City)	, 1 1001da(Zip Code)
	ent Number of Corporation (if known) Statutes, this Florida Profit Corporation rporation: rporation, ""company," or "incorporate or "Co". A professional corporation viation "P.A." RESS) ed office address in Florida, enter the reffice address: (Florida street address)

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)

Add

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:	c, w/10 ou	ij bilai, br us ua aua.	
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>	Name	<u>Addres</u> s
1) Change	ک	Marjorie H. Sindalar	9400 River Crossing Blud.
Add		-	Suite#102
Remove			New Port Lickey, FL 34655
2) Change	<u>2</u>	Carol A. Cannon	9400 River Crossing Blvd.
X Add			Swite #102
Remove Change			New Port Richey, FL 34655
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)
-	
-	
	
-	
n amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment itself;
,	
	-

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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 block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	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.	1 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.	ı
☐ 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):	et.
"The number of votes east 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) ALEX R. DELB (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2021

CAROL CANNON TRI COUNTY DEVELOPMENT, INC 9400 RIVER CROSSING BLVD. SUITE #102 NEW PORT RICHEY, FL 34655 US

SUBJECT: TRI COUNTY DEVELOPMENT, INC.

Ref. Number: K47763

We have received your document for TRI COUNTY DEVELOPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 621A00023755

Please rush

Need change done
for a closing.

Call me if needed

727-376-6431 Ext. 105