K80905

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	\	1/262/
	1/01	17/3R3/H

Office Use Only



800374364508

10/04/21--01039--013 **70.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SPACE COAST F	INANCIAL SERVICES, IN	VC.
DOCUMENT NUMI	K 80905		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Shannan Field, Esq.		
		Name of Contact Person	1
	The Law Office of Shannan I	M. Field, PA	
		Firm/ Company	
	1135 S. Washington Ave., Su	nite A	
		Address	<u></u>
	Titusville, FL 32780		
		City/ State and Zip Code	e
	shannanfield@yahoo.com		
	•	sed for future annual report	notification)
For further informatio	n concerning this matter, plea		362-5414
	of Contact Person	at (321 Area Co	de & Daytime Telephone Number
	r the following amount made		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT -4 AM 6: 44

SPACE COAST FINANCIAL SERVICE	ES, INC.		SECRETARY OF STATE
(Name o	of Corporation as curren	tly filed with the Florida D	Dept. of State 37 Ell. Fl
K80905			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	<u>if applicable:</u> TREET ADDRESS)		
			
			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST			
D. If amending the registered agent ar	id/or registered office ad	dress in Florida, enter the	name of the
new registered agent and/or the new		<u>ss:</u>	
Name of New Registered Agent	Shannan Field, Esq.		
	1135 S. Washington Ave	., Suite A	
	(Florida s	street address)	
New Registered Office Address:	Titusville		. Florida 32780
		(Cin)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ager tered agent. I am familia	nt: r with and accept the obliva	tions of the position.
, merce, accept and approximation and region)		
		>	
	Signature of New	Registered Agent, if changi	ng

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)

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	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	Louie C. Human	2105 Turpentine Rd.
Add			Mims, FL 32754
x Remove			
2) Change	PSD	Flora Human P/R of the Estate	2105 Turpentine Rd.
x Add			Mims, FL 32754
Remove 3) Change	<u> </u>		
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
<u> </u>	
·	
7.0	
prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

.

The date of each amendmen	
date this document was signed	date of filing
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 40 days after amenament file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
• •	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	7-21-2021 Flore Hamen
Sionature	Flore The wife
(l	By a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	Flora Human
	(Typed or printed name of person signing)
	Personal Representative of the Estate of Louie C. Human
	(Title of person signing)