## L06533

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Amend

AUG 0 4 2020

I ALBRITTON

## COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: DAVIDS ON RCD (4, FIC.)  DOCUMENT NUMBER: LOGS35
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Name of Contact Person  Firm/ Company  Firm/ Company  Address  Address  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 7073528  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

to

Articles of Inco	orporation
of	
DAVIDEN Real	t INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
LUUS	<u> </u>
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	The new ompany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W - 19 - 11 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	- N/R
(Florida stree	et address)
New Registered Office Address:	, Florida
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable  $\Box$  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.

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	
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Add					100 E. Tour	Phos
Remove					St. Augustini,	F
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Add						_
Remove 3) Change						_
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5) Change		<del>-</del>	····			
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Remove						_
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Remove						_

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an amendme	ent provides f	or an exchan	ge reclassifica	tion, or cancellation	ما ما المستون المستون المستون	
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(if not app	olicable, indica	ite N/A)		tailed in the differ	indinent itsett.	
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The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date <u>if applicable:</u>	C/15/20	
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoption was not required.	oted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
☐ The amendment(s) was/were appropriately provided for e	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	owing statement ment(s):
	or the amendment(s) was/were sufficient for approval	
by	**	
· · · · ·	(voting group)	
Dated <u>(</u>	, /15/20	
selected,	by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)	eve not been or other court
-	(Typed or printed name of person signing)	
	MP a True ASUREN	

(Title of person signing)