## L26840

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Swankridge, Inc		
DOCUMENT NUM			
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Shannon Swank		
		Name of Contact Person	n
	Swankridge, Inc		
		Firm/ Company	
	122 NW 7th Street	,,,,,,,,	
		Address	
	Homestead FL 33030		
	•	City/ State and Zip Cod	e
	gotoswankridge@aol.com		
		sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Shannon Swank		at (	248-9662
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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		Amend Divisio	Address Iment Section on of Corporations contre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

[:]

of Swankridge, Inc. 2023 JAN 17 AM 6: 43 (Name of Corporation as currently filed with the Florida Dept. of State) L26840 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.." or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 $\square$  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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>T</u>	Katie P. Jones	122 NW 7th Street
Add			Homestead FL 33030
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · · ·		
Add			
Remove			

	adding additional Arul sheets, if necessary).	(Be specific)				
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	1/6/2023
The date of each amendment(s) adoption:	, if other than th
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 document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as th of State's records.
Adoption of Amendment(s) (C	CHECK ONE)
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
"The number of votes cast for the an	nendment(s) was/were sufficient for approval
Shannon Swank, Lory Swank an	
оу	oting group)
DatedSignature	
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)
Shannon	Swank
	(Typed or printed name of person signing)
President	President
	(Title of person signing)