人90245

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Stagnape Enterprises of Apalacticala, I DOCUMENT NUMBER: L90245	, ne
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Zacl Ferry 11 Name of Contact Person	
Firm Company 736 Driffwood Dr	
Address Lynn Haver FT 32441 City/ State and Zip Code	
Zach ferrell 98 c am 4: 1. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Zah Firi at (870) 527-2330 Name of Contact Person at (870) 4 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallaharana, FL 32311 The Centre of Tallaharana Tallaharana, FL 32311 The Centre of Tallaharana Tallaharana, FL 32311 The Centre of Tallaharana	

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

Name of Corporation as currently	Filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Moxico Bend, F1 32410
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	208 Water Dr Mexico Beach, FT 32410
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent Janes	
New Registered Office Address: McVice I	Per address) Prach Florida 732410 (City) (Zip Code)

t hereby accept the appointment as registered agent. I am jamiliar with and accept the onligations of the position.

Signature of New Registered Agent, if changing

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)

Example:

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u> </u>	James Cyrtis	208 Water Dr
X Add			Mexica Book, F7 32418
Remove			
2) Change	B/M	Zach & Ferrall	736 Drift mord Dr
Add			Lyn How F1 32444
Remove 3) Change	0/H	Dan Helijas	
Add	,	J	734 Dr. Hwild Dr
X Remove			Lynn Herry F1 32444
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	ticles, enter change(s) here: (Re specific)
and admiration oncess, if necessary).	(no specific)
	<u> </u>
	
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	2.00
a amondment provides for an avail	change, reclassification, or cancellation of issued shares,
ovisions for implementing the amo	trange, recrassification, or cancenation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl locument's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareh	older 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 arr ficient for approval.	endment(s)
must be separately provided for e	roved by the shareholders through voting groups. The following arch voting group entitled to vote separately on the amendment or the amendment(s) was/were sufficient for approval	
	• • • • • • • • • • • • • • • • • • • •	
by	(voting group)	
selected	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or of fiduciary by that fiduciary) The first control of the fiduciary of the fiduc	
-	Owner/Member (Title of person signing)	
	(Title of person signing)	