m64614

(Request	or's Name)	
(Address)	
(Address)	
(City/Sta	te/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busines	s Entity Name	e)
(Docume)	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	Officer:	
		;

Office Use Only



100314462881

06/11/18--01019--008 **35.00



JUN 1 2 2013



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Southern Cornerstone Development Company DOCUMENT NUMBER: M64614 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shari Graber Name of Contact Person Southern Cornerstone Development Company Firm/ Company 2836 Michigan Ave Address Kissimmee, FL 34744 City/ State and Zip Code grabershari Qyahoo . Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 847-4474X 225
Area Code & Daytime Telephone Number Shari Graber Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filling Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassec, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Southern Cornerstone Development Company (Name of Corporation as currently filed with the Florida Dept. of State) Southern Cornerstone Development Company (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." Shari Graber B. Enter new principal office address, if applicable: (Principal office address MUST BEA STREET ADDRESS) 2836 Michigan Ave Kissimmee, FL34744 C. Enter new mailing address, if applicable: 1836 Michigan Ave Kissimmee, FL 34744 (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:

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	<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
1) Change	DP	Sam J Graber	600 Brighton Place Blvd
			Kissimmee, Fl. 34744
Add X Remove			
2) Change	S	Thelma Graber	600 Brighton Place Blvd
			Kissimmee, FL34744
Add Remove			
Change	S	Shari Graber	2836 Michigan Ave
X Add			Kissimmee, FL 34744
Add Remove			
4) X Change	DP	Ricky Graber	2836 Michigan Ave Kissimmee, Fr 34744
Add	<u></u>		Kissimmee, FL 34744
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	ets, if necessary).	(De specific)				
					<u>.</u>	
			. ————			
-						
						
			 -	,		
					<u> </u>	
						
				Haria - Cianu	ad abarras	
an amendment pr	ovides for an exch lementing the ame	ange, reclassific	ontained in the	amendment it	self:	
(if not applicab	le, indicate N/A)					
				<u> </u>		
	·				 -	

	June 1, 2018	if other than the
The date of each amendment	(s) adoption:	, if other than the
late this document was signed.	June 1, 2018	
Effective date if applicable:		
Sirective dute in approximation	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wet by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statemened for each voting group entitled to vote separately on the amendment(s):	t
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(valing group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
June	1, 2018	
Dated		
ر		
Signature	By a director, president or other officer - if directors or officers have not been	
Shari (elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
a	ippointed fiduciary by that fiduciary)	
	Shari Graber	
	(Typed or printed name of person signing)	
	Secretary/ '	
	(Title of person signing)	