## M 69905

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2020 OCT -5 PM 4: 48
SECRETARY OF STATE

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION	Robert J Eldredge	Со	
DOCUMENT NUMBER: M6			
The enclosed Articles of Amend	iment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	tter to the following:	
Robert J	Eldredge		
	_	Name of Contact Person	
Robert J	Eldredge Co		
		Firm/ Company	
3580 E C	iulf to Lake Hwy		
		Address	
Inverness	s, FI 34453		
roberteld	redge@hotmail.com		
E-m	ail address: (to be us	sed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
Robert J Eldredge		at ( 352	212-0843
Name of Contac	t Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the folio	owing amount made	payable to the Florida Depa	rtment of State:
	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Robert J Eldredge Co	2020 OCT -5 PM L: L8
(Name of Corporati	on as currently filed with the Florida Dept. of State)
M69905	SECRETARY OF STATE  TALLAHASSE, FL
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the word "co 'Inc.," or Co.," or the designation "Corp," "Inc, 'chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp" " or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u> )
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	IV)
(Mailing address MAY BE A POST OFFICE BO	Δ/
	and the second of the second o
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>	red office address in Florida, enter the name of the office address:
	<u></u>
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sian	ature of New Registered Agent, if changing
J.g.n.	and of the negative on regain, it counts in a
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.

X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Cally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Robert J Eldredge	3580 E Gulf to Lake Hwy
Add			Inverness, FI 34453
x Remove			
2) Change	<u>T</u>	Leslie A Eldredge	3580 E Gulf to Lake Hwy
x Add			Inverness, FL 34453
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

L. ;	If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
(	Attach additional sneets, if necessary). (De specific)
_	
C	If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
г.	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	(if not applicable, indicate N/A)
_	
_	

The date of each amendment(s) add	October 1, 2020	, 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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	nted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment ficient for approval.	nt(s)
must be separately provided for e	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	$\bigcirc$
by	(voting group)	Al late
	(totally group)	
October 1, 2 Dated	020	
C' .	JOHN 1 2	
Signature(By a dir	ector, president or other officer - if directors or officers have not bee	en
	, by an incorporator – if in the hands of a receiver, trustee, or other conditional defiduciary by that fiduciary)	ourt
	Robert J Eldredge	
•	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	