Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000401393 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006

Phone : (407)425-7010

Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	Cor
Emall	Address:	001

rporate@zkslawfirm.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN STATIONAMERICA, INC.

винититититититими в приними в	annananini kanananananananana
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

NOV 1 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

[((H2)	000401	393	3)))	****
•				

COVER LETTER

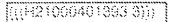
TO: Amendment Section Division of Corporations NAME OF CORPORATION: __STATIONAMERICA, INC. DOCUMENT NUMBER: M71687 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: Christine L. Weingart, Esquire Name of Contact Person Zinnnerman, Kiser & Sutcliffe, P.A. Firm/ Company 315 E. Robinson Street, Suite 600 Address Orlando, Florida 32801 City/ State and Zip Code corporate@zkslawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 425-7010 Area Code & Daytime Telephone Number Jessica Sayder, Corporate Paralegal Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 🗃 835 Filling Fee \$43.75 Filling Fee & S43.75 Filing Fee & S52.56 Filing Fee Certificate of Status Cartified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 l'aliabassee, FL 32314

Tallahassee, FL 32303

(((H21000401393 3))) -

	Articles of Amendment	
	to	⋝
	Articles of Incorporation of	٦
	b)	<u>></u> ;
STATIONAMERICA, INC.		>-
(Name	of Corporation as currently filed with the Florida Dept. at State)	SSI
M71687		ίμ ^α (π(
	(Document Number of Corporation (if known)	T.S.
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Corporation adopts the follo	wing a series of the control of the
A. Hamending name, enter the new o	ame of the corporation:	
		Тъс пеж
"Inc.," or Co.," or the designation "Cohortered." "professional association." B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)	stain the word
	nd/or registered office address in Flurida, enter the name of the	
new registered agent and/or the ne-		
Name of New Registered Agent	STEPHEN ORR	
	8775 SW 129TH TERRACE	
	(Florida street address)	
	3714	¢.
New Registered Office Address:	, Florida,	
	(City) e2	ip Codej
New Registered Agent's Signature, if e I hereby accept the appointment as regist	hanging Registered Agent; ered agent. I am familiar with and accept the obligations of the postuo	n
	Signature of New Registered Agent of 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)

Please note the officeridirector title by the first letter of the office title;

F = 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 efficer/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	PT JQ	hs. Dos	
•			
X Remove	<u>Y</u> <u>M</u>	ike Jones	
_X Add	Ş <u>Y</u> Sá	lir Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	DCP	CARL GALLO	46 HERNANDEZ AVE
Add			PALM COAST, FL 32137
X Remove			
2) Change	D, P, CEO	STEPHEN ORR	8775 SW 129TH TERRACE
X Add			MJAMI, FL 33176
Remove 3) Change	s	AMANDA ORR	8775 SW 129TH TERRACE
XAdd			MIAMI, FL 33176
Remove			
4) Change			
Add			
Remove			
5)Change			***************************************
Add			
Remove			
6) Change			
Add			
Remove			

:	į	í	:	٠.	2	:	().	ji;	4	1	333	3)))	
÷	•	٠	٠										
۰													

(((H210004013933)))

	nui sneeis, y necessia)	v). (Be specific)			

	······································				· · · · · · · · · · · · · · · · · · ·
			,	***************************************	4 444 4, ,,,,,
					
***************************************	······································				·-···
	***************************************			••••••	
					·······
	ent provides for an e	xchange, reclassific mendment if not co	eation, or cancellation entained in the ame	on of issued shares, ndment itself:	
provisions fo	r implementing the a plicable, indicate N/A)	i			
provisions fo	r implementing the a plicable, indicate N/A)				
provisions for (if not ap)	plicable, indicate N/A)				
provisions for (if not ap)	r implementing the a				
provisions for (if not ap)	plicable, indicate N/A)				
provisions for (if not ap)	plicable, indicate N/A)				
provisions for	plicable, indicate N/A)				

[(((1210004013933)))]

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	ON FILING	
Effective date if applicable:	(no more than 99 days ofter amenament file date)	
Note: If the date inserted in this l document's effective date on the D	slock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adaption of Amendment(s)	(CHECK ONE)	
[] The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
must he separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval (voting group)	2021 OCT 29 1
Datest ()	22/21 	AH 9:49 FSTATE FLORIDA
selecto	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ced fiductary by that fiduciary)	
	STEPHEN ORR	
	(Typed or printed name of person signing)	
	DIRECTOR, PRESIDENT, CEO	
	(Title of person signing)	