N03000003218

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

07/17/24--01025--012 **35.00

FILED
2024 SEP 16 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
SEP 17 2024

*00789.00524.00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: In His Wakes, Inc.

DOCUMENT NUMBER: N03000003218

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathan Miller
(Name of Contact Person)

In His Wakes, INC
(Firm/ Company)

60371 Lakeview Dr
(Address)

Bend, OR, 97702
(City/ State and Zip Code)

nate@inhiswakes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Miller at 3527450283
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ $35 Filing Fee	☐ $43.75 Filing Fee & Certificate of Status	☐ $43.75 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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2024

RECEIVED
SEP 16 2024

NATHAN MILLER
IN HIS WAKES, INC.
60371 LAKEVIEW DR
BEND, OR 97702

SUBJECT: IN HIS WAKES, INC.
Ref. Number: N03000003218

We have received your document for IN HIS WAKES, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete. Pages 2 and 3 of the amendment form are missing. I have enclosed a blank page 2 and 3 for your convenience. Please include these pages when you resubmit the document even if you are not making any officer or additional changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 824A00016707

Articles of Amendment
to
Articles of Incorporation
of

FILED

IN HIS WAKES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

2024 SEP 16 AM 8:27

N03000003218

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

605 S. ORANGE ST.
NEW SMYRNA BEACH
FL, 32168

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: BILL PRESTON

605 S. ORNAGE ST
(Florida street address)

New Registered Office Address:

NEW SMYRNA, Florida 32168
(City) *(Zip Code)*

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.

WILL L. (BILL) Preston
Signature of New Registered Agent, if changing

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	RA	Guba, Gizella	3901 Indigo Road
____ Add			Groveland, FL 34736
x Remove			
2) ____ Change	RA	Bill Preston	605 S. Orange st
x Add			New Smyrna, FL 32168
____ Remove			
3) ____ Change			
____ Add			
____ Remove			
4) ____ Change			
____ Add			
____ Remove			
5) ____ Change			
____ Add			
____ Remove			
6) ____ Change			
____ Add			
____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Removing Gizella Guba as our registered agent and replacing her with Bill Preston as our new registered agent.

The date of each amendment(s) adoption: _____. if other than the date this document was signed.

Effective date <u>if applicable</u>: 07/09/2024
(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(<u>CHECK ONE</u>)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

[X] There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7-9-2024

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Nathan miller

(Typed or printed name of person signing)

PRESIDENT OF IN HIS WAKES INC.

(Title of person signing)