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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Armcha	ir And	SES5	CorP,
DOCUMENT NUMBER:	1080000	0764	0	<u></u>
The enclosed Articles of Amendment at	nd fee are submitted for filing.			
Please return all correspondence concer	ning this matter to the following:			
JAMRS	HARGAD (Name of Contact Pe	E77		
Arm	Chair An (Firm/ Company	Glers		<del></del>
1505 NE	$\leq 28 \text{ pr}$ (Address)		<del></del>	
Wi	1 ton MANOTS (Cily/ State and Zip C	F/ 3	3334	
- J// E-mail addre	n A A A A A A A A A A A A A A A A A A A	ort notification)	3/20, (	ORG.
For further information concerning this	matter, please call:			
JAMUS (Name of C	HATGADEN at Contact Person)	(Area Code) (Daytin	258 r	- 3056 er)
Enclosed is a check for the following ar	mount made payable to the Florida I	Department of State:		
\$35 Filing Fee  \$43.75 Certific	Filing Fee & \$\sum \$\\$43.75\$ Filing Fee & Certified Copy (Additional copy is enclosed)		Itatus	
Mailing Addrage	St.	nat Addrage		

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

## Articles of Amendment

to

## Articles of Incorporation of

Armchair	An Glars	Corf.
(Name of Corporation as currently filed with the Florida De		
Λ	0800000	7640
(Document Numbe	r of Corporation (if known)	7
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpo</i>	oration adopts the following
A. If amending name, enter the new name of the corporation	on:	
		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbre	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	82
		SE SE
-	_	
C. Enter new mailing address, if applicable:	/	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	·	<u> </u>
		<u> </u>
D. If amending the registered agent and/or registered office	e address in Florida, enter the nar	ne of the
new registered agent and/or the new registered office ad		
M. C.V. D		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	250)
New Registerea Office Address.		
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	Avent:	
I hereby accept the appointment as registered agent. —I am fam	illiar with and accept the obligation	s of the position.
	1	•
Sig	nature of New Registered Agent, if c	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 X Remove X Add	<u>PT J</u> <u>V M</u>	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		<del> </del>	
Remove			
6) Change Add			
Remove		D 2.54	
(attach additional shee	ts, if necess	- · · · · · · · · · · · · · · · · · · ·	
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	obili	ty CHALLENGED	thaveler.

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		Page 3	of 4			
			^			
The date of each amendment(s) adopti date this document was signed.	ion:					, if other than the
Effective date if applicable:	<del></del>		r amendment fü			
Note: If the date inserted in this block do document's effective date on the Department.			tatutory filing r	equirements, thi	is date will not b	e listed as the
Adoption of Amendment(s)	(CHECK	ONE)				

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

There are no members or adopted by the board of d	nembers entitled to vote rectors.	on the amendment(s)	). The amendment(s) was/were
Dated	1/29/20		
Signature	Somes	Haran	der
have no		corporator – if in the	dent or other officer-if directors hands of a receiver, trustee, or
	<u>Jame</u>	5 1/4 ed or printed name of	r GA SET
		pirecto	<i>(</i> 7