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(Requestor's Name)	
(Address)	0001930
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(City/State/Zip/Phone #)	
PIÇK-UP WAIT MAIL	
(Business Entity Name)	02/04/11-
(Document Number)	Ö
Certified Copies Certificates of Status	
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

•			
NAME OF CORE	PORATION: Palor E	rack CoopTy	Sheniffs Rom
DOCUMENT NU	MBER: <u>C/N 22</u>	-2615023/X	1 1000000 4545
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	William	A. TTRA(XIO of Contact Person)	ck
***************************************	Paly Brach	Co. Shert	Es Foardal
23	boo N Jog	Road (Address)	
C	Sest Palma (City's	BEECH, Ph tate and Zip Code)	33411
For further informa	tion concerning this matter,	please call:	
As al (Name	of Contact Person)	at (<u>667</u>) <u>6</u> 2 (Area Code & Daytim	8/- 4/5/23 ne Telephone Number)
Enclosed is a check	for the following amount n	nade payable to the Florida De	epartment 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 Ad Amendment		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles	of Inc	orporation
	of	

(Name of Corporation as currently files		State)	,
(Document Number of Co	orporation (if known)		
suant to the provisions of section 617.1006, Florida S following amendment(s) to its Articles of Incorporati If amending name, enter the new name of the corp	ion:	Profit Corporation	adopts
			_
e new name must be distinguishable and contain the previation "Corp." or "Inc." <u>"Company" or "Co." r</u>		ncorporated" or the	?
Enter new principal office address, if applicable:		ined.	-
incipal office address <u>MUST BE A STREET ADDR</u>	<u></u>	29 29	
•		ART FB	Same rem
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- ππ D	U
		<u> </u>	
			_
If amending the registered agent and/or registered		nter the name of tl	<u>1e</u>
new registered agent and/or the new registered of	lice address:		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(Florida street address)		
		, Florida	
· · · · · · · · · · · · · · · · · · ·	(City).	(Zip Code)	-
v Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	tered Agent: I am familiar with and acc	cept the obligations	of the
<u> </u>	of New Registered Agent, if c	honoina	

Page 1 of 3

	tional sheets, if necessary)		<u>led:</u>
<u>Citle</u>	Name `	<u>Address</u>	Type of Action
- 	•		Add Remove
			Add Remove
	,		Add Remove
a. b.	The organization is organization is organization is organization is organization of the Internal Open the dissolution of the Internal Open the Internal	and/or scientific purpo L Revenue Code.	charitable, oses under section
	distributed for one or mo of section 501(c)(3) of the corresponding section of the distributed to the feat government, for a public	ore exempt purposes with the Internal Revenue Co any future federal talleral government, or to	thin the meaning ode, or x code, or shall
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The date of each amountment(s) adoption: 2///25//
Effective date If applicable: [tetredicate] (no more than 90 days after amendment file date)
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 members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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) PICHARD SEYMOUR (Typed or printed name of person signing) CHAIRMAN
(Title of person signing)

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