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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Crash Movement Monistres N10000006538 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jon Jackson
(Name of Contact Person) CRASH Movement Monis fries 347 SW Kyle Way Lake City FL 32025
(City/ State and Zip Code) Jon 6 crash novement org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JON JACKSON at 386 623-2016
(Name of Contact Person) (Area Code) (Daytime Telephone Num Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Street Address

Clifton Building

Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation of

CRASH M	TOVEMENT MI	LISTRIES
	itly filed with the Florida Dept. of State	
N 1000000 65.	38	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporati	on adopts the following
A. If amending name, enter the new name of the corporate	ion <u>:</u>	
NIF	7	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbrevia	
D. Enter new principal office address: if applicables	NA	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)	
		SE SE
C. Enter new mailing address, if applicable:	MA	1911 N
(Mailing address MAY BE A POST OFFICE BOX)		
		ب بي الم
D. If amending the registered agent and/or registered office		<u>f the</u>
new registered agent and/or the new registered office a	iddress:	
Name of New Registered Agent:	MA	
	MA	
	(Florida street address)	
New Registered Office Address:		11
	N/A FIG	orida MM
		Zip Code)
New Registered Agent's Signature, if changing Registered	Agonte	
I hereby accept the appointment as registered agent. I am fai		the position.
	MA	,
S	ignature of New Registered Agent, if char	nging

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	PT John I V Mike SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	John Thrasher	146 Dayshtry Glen Lake C.T. FL 32055
2) Change Add	<u>D</u>	Carter Jackson	Lako City FL
Remove 3 ) Change Add			3202) 7 55 19 SEP 12
Remove 4) Change Add Remove			9 9 ng
5) Change Add Remove	<del></del>		
6) Change Add Remove			
		T 2 C 4	· —————————————————————————————————

X/A	
	9 SE -71
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1/1	
The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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.	
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 9-9-2019	
Signature ACA	
(By the chairman of 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)	19 SEP
JON C. JACKSON	· 12
(Typed or printed name of person signing)	E PO
President	: 0 <b>5</b>
(Title of person signing)	