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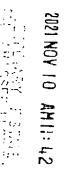
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A. RAMSEY DEC 0 2 2021

COVER LETTER

NAME OF CORPORATION: Surshive State Heading Group Association/NC

DOCUMENT NUMBER: N1100002123

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

Please return all correspondence concerning this matter to the following:

Leah James

(Name of Contact Person)

Sunshive State Heading Group Association /NC

(Firm/Company)

4076 Maggie LN

(Address)

Middleburg, Fl, 32068

(City/State and Zip Code)

Storno Way Collie Q yahoo. Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TO: Amendment Section

Lesh JAMes

(Name of Contact Person)

at 904-654-9376

(Area Code) (Daytime Telephone Number)

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

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
Articles of Incorporation
Surshive State tending Group Association AMI: 42 (Name of Corporation as currently filed with the Florida Depth of State)
N 11 0000 2123
(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:
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: 4076 MASSIE LN (Principal office address MUST BE A STREET ADDRESS) Middle burg, FC, 32068
C. Enter new mailing address, if applicable: (Mailing address MAY BEAPOST OFFICE BOX) Middle bung, FC, 32068
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent: PAULA CLAIRday
Name of New Registered Agent: PAULA CLAIRAGY 4076 MASSIE LN (Rorida Street address)
New Registered Office Address:
Middleburg, Florida 32068 (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.
Paula Clairday
Paula Clairday Signature of New Registered Agent, if changing

(Attach additional shee Please note the officer/of P = President; V = Vice	incer and/or Directs, if necessary) director title by the President; T= Tre = Chief Financia	ctor being added: first letter of the office title: easurer; S= Secretary; D= Director; TR= 1 Officer. If an officer/director holds more t	er/director being removed and title, name, "rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	aves ine corporati	on, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT John I V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change IR	<u>reasuz</u> er	Paula Clairday	4076 MARGIE LN Middlebyr, FL, 32068
Remove 2) Change	<u>easuR</u> eR	Kathleen McCombs	7217 Riverside DR Purta GORDA, FL, 33982
X Remove 3 Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
Add Remove			
E. If amending or addin (attach additional shee	ng additional Arti Pis, if necessary).	cles, enter change(s) here: NA	

H/A		
		
		
		
		
		
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The date of each amendment(s) adopted date this document was signed.		if other than the
Effective date if applicable: /0-	31-2021 (no more than 90 days after amendment file date)	_
Note: It the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

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Dated	11/2/21
Dated	
Signature	Lank R. James
	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)
	Leah JAMES
	(Typed or printed name of person signing)