## N170000463a

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Office Use Only



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SEP 25 2018 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BAY AREA REAPERS, INC.
DOCUMENT NUMBER: <u>N/700004632</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ERIC MOZell 5R.  (Name of Contact Person)
BAY AREA REAPERS, INC. (Firm/Company)
2450 44 5T. South (Address)
ST. Petershurg, FL 33711 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC MOZELL SR. at 727 565-6912
(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 & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address

 $Amendment \ \overline{Section}$ Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

Bay Area Reaper	S. Inc	
(Name of Corporation as	currently filed with the Florida Dept. of State)	
N1100004632		
(Documen	t Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADE</u>	ORESS )	
C. Enter new mailing address, if applicable:	A.C.	I≱⊜ <b>18</b>
(Mailing address MAY BE A POST OFFICE BO	<u>\( \lambda \) \( \lambda \) \</u>	<u> </u>
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		22 24 12 13 14 14 15 14 16 16 16 16 16 16 16 16 16 16 16 16 16
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D. If amending the registered agent and/or register new registered agent and/or the new registered		န္တန္း မွာ
new registered agent and/or the new registered	office address.	10A
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida (City) (Zip C	ode)
	(eig)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the pe	osition.
	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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	DP	Wesley MEMILLAN	6580 Sensivole Blud #429 Sensivole, FL 33772
2) Change	DP	ANTHONY STEWART	570/ HAINE Rd. #201 5T. RETERSBURG, FL 33714
Remove 3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

f amending or adding additional A utach additional sheets, if necessary	:).` (Be specific)				
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The date of each amendment(s) adopt late this document was signed.	ion:	, if other than the
Effective date if applicable:	OCTOBER 21, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptowas/were sufficient for approval.	red by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated9/6	21/18	
Signature	Du Stwart	<u>.</u>
have not been so	n or vice chairman of the board, president or other officer-if directors relected by an incorporator – if in the hands of a receiver, trustee, or	
other court appo	ointed fiduciary by that fiduciary)	
$\underline{\mathbb{G}}$	Hony Stewast	
	(Typed or printed name of person signing)	
	Resident	
-	(Title of person signing)	