# N1700012339

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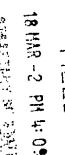
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### COVER LETTER

TO: Amendment Section Division of Corporations

# OPERATION REGROUP, INC NAME OF CORPORATION: \_ N17000012339 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MYLES MANESS (Name of Contact Person) OPERATION REGROUP, INC (Firm/ Company) 1620 51ST STREET SOUTH (Address) GULFPORT FL. 33707 (City/ State and Zip Code) mylesmaness@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 5490336 941 MYLES MANESS (Daytime Telephone Number) (Area Code) (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

# FIFD

## Articles of Amendment to Articles of Incorporation of

OPERATION REGROUP, INC.					
\ <u></u>	as current	ly filed with the Florida Dept.	. of State)		
N17000012339					
(Docum	ent Numbe	r of Corporation (if known)			
Pursuant to the provisions of section 617.1006. Flori amendment(s) to its Articles of Incorporation:	ida Statutes	s, this <i>Florida Not For Profit C</i>	Corporation adopts	the following	
A. If amending name, enter the new name of the	corporatio	on:			
N/A				The new	
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	"corporati	on" or "incorporated" or the o	abbreviation "Corp	or "Inc."	
<del></del>		1620 51ST STREET SOUTH			
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL	DDRESS )	GULFPORE, FLA. 33707			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	30X)	6559 PINE BREEZE RUN		8 T.A.	
	<del></del>	SARASOTA, FLA. 34234		<sup>2</sup> − 2	
D. If amending the registered agent and/or registered agent and/or the new registered	tered offic ed office ac	e address in Florida, enter the ldress:	e name of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Name of New Registered Agent:		1ANESS			
Name of New Neglitera Agent.	1620 51ST STREET SOUTH				
	(Florida street address)				
New Registered Office Address:	GULFPORT			33707 Florida	
	(City)		(Zip Code)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	tegistered . t. I am fay	Agent: niliar with and accept the obliga	ations of the positio	)n.	
	Plant Si	gnature of New Registered Ages	nt, 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	PT         John D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X 1) Change	Ç00	SCOTT, STEPHAN F	11831 94TH STREET NORTH
Add			LARGO FLA. 33773
Remove			
2) Change	CEO, CFO	MANESS, MYLES	6559 PINE BREEZE RUN
X Add	CEO, CFO, P		SARASOTA FLA 34343
Remove	ST	APPLEFIELD, BRIAN	11831 94TH STREET SORTH
3 ) Change Add			LARGO FLA. 33773
X Remove			
1) Changa	VP	WOLBERS, TRISTAN	11831 94TH STREET NORTH
4) Change			LARGO FLA 33773
X Remove			
5) Change	С	POINTER, JORDAN	5519 110TH AVE NORTH APT.10
X Add			PINELLAS PARK FLA. 33782
Remove			
Z) Ch.	S	RICHARDS, MEGAN	5874 MERIWETHER STREET
6) Change X Add			SARASOTA FLA. 34382
Remove			

f amending or adding additional ttach additional sheets, if necessa	ry). (ве specijic	,			
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The date of each amendment(s	adoption:	if other than the
date this document was signed.	8, FEB 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes east for the amendment(soval.	s)
There are no members or m adopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
Dated 02	28/18	
Signature	16	
(By the c	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
	Myles Maness (Typed or printed name of person signing)	
<del></del>	P/CFO/LEO (Title of person signing)	