## N1900000 2516

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C. GOLDEN FEB 1 9 2020

## COVER LETTER.

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee & \$\Bigcup\$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

**TO:** Amendment Section

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

## Articles of Amendment

		_ ′
	to	2020
	Articles of Incorporation of	JAN 2
Ibland	Dari Smrta	1020 JAN 24 PH
<u>Hilaia</u>	1201 JULIO	<u> </u>
(Name of Corporation	as currently filed with the Florida D	ept. of State)
N19	000002516	· .:
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For Prof</i>	It Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word	"corporation" or "incorporated" or t	
"Company" or "Co." may not be used in the name		·
n n	Man	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
(Frincipal typice duaress MOST DE A STREET A	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
D. If amending the registered agent and/or regis	tered office address in Florida, enter	the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	Kimberly Har	SLOE
rame of the tregmered tigen.	2310 0010 0.1	2 1 2 2
	asis bale AV	e lot a
New Registered Office Address:	(Florida s	treet address)
New Registered Office Address.	Dana and City	2011nG
	Panana aru	Florida <u> </u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: 1. I am familiar with and accept the of	oligations of the position.
	1)	. 0
		NC
_	Signature of New Registered A	lgent, 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.

Make Solies, Fus Remore	o, unu vanj mam.	, the tare are a feet.	
Example: X Change X Remove X Add	PT         John E           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change  Add  Remove	<u>S</u> _	Maylim Gilmore	2300 Mayfield Ct Panama City FL 32405
2) Change Add Remove	T	Casey Fiser	202 Mill Creek Dr. Panama City PC 32409
Remove  3) Change  Add  Remove	1 - V	Tangalena MCEWer	1 606 Hummingbird St Lynn Haven PL 32444
4) Change Add Remove	<u>P5</u>	Kimberly Pascoe	2318 Dale Ave Lot 2 Panama City FL 32405
5) Change Add Remove	<u> </u>	Brian Bodner	9325 Edlee Rd Panama City FL 32404
6) Change Add Remove	<u> </u>		3114 Preserve Rookery Panama City Beach, Fi 32408
		Page 2 of 4	

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	T	Charlane Johnson	n 702 W 12th St Panama City Fl 32401
2) Change Add Remove		Chene Sunday	Leos Briggs Ln Panama City Fl 32409
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
··-··	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) addate this document was signed.	option:	12-2-21	019	, if other than th
Effective date <u>if applicable</u> :	(no more than 9)	1-1-20 days after amendment	O file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the ap	plicable statutory filing	•	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	)		
The amendment(s) was/were adwas/were sufficient for approval		and the number of votes	cast for the amendme	nt(s)
There are no members or memb adopted by the board of director		the amendment(s). The	amendment(s) was/we	re
Dated 12	-22-2019	9		
Signature	ascol			
have not bee		f the board, president or porator – if in the hands hat fiduciary)		
KIR	mberly	Paswe	· · · ·	_
,	(Typed c	or printed name of perso	n signing)	
	Presider	nt (Title of some	(20)	<del></del>
		(Title of person sign	ing)	