N19000005573

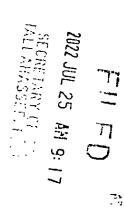
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
UCT 2 2 2022

Office Use Only



100391520781

Fig. 1 (1) Commence



COVER LETTER

TO: Amendment Section

Division of Corporations

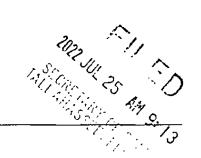
Tallahassee, FL 32314

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: (Name of Contact Person) (Firm/ Company) For further information concerning this matter, please call: at 404 - 535 - 4077 (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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

(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 of the corp	oration: OF St. Augustine, FL, INC me new oration or "incorporated" or the above uon "Corp." or "Inc."
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1470 Bulow Creek Dr Tacksonville, FL 32258
D. If amending the registered agent and/or registered new registered agent and/or the new registered office. Name of New Registered Agent:	
New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: In familiar with and accept the obligations of the position.
	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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addreş</u> s
1) Change Add	1	Susan Guernon	3672 Lone Wolf Trail
Remove 2) Change Add	<u>T</u>	Laura Bland	5t. Augustine FL 32086 604 Prime Road
Remove 3) Remove Add Remove			St. Augustine FL 32086
4) Change Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add		2001	
Remove			·
6) Change Add			
Remove			
E. If amending or add (attach additional sho	ing additional A eets, if necessary,	rticles, enter change(s) here:). (Be specific)	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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 $7-20-22$
Signature Signature
(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)
Tara Coggin
(Typed of printed name of person signing)
Title of person signing)