

N19004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

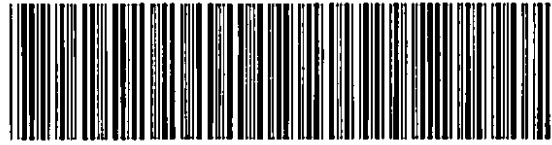
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2019 NOV 15 PM 4:07

Amend.
12/3/19
JC

Corrected
Document
per
Karen
Ogburn
12/3/19
JC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sun Country Trailblazers, Inc.

DOCUMENT NUMBER: N19004

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

Please return all correspondence concerning this matter to the following:

Karen Ogburn
(Name of Contact Person)

Sun Country Trailblazers Inc
(Firm/ Company)

7592 N Fernandina Ave
(Address)

Dunnellon, FL 34433
(City/ State and Zip Code)

horseypersey2015@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Ogburn at 352 4224706
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

November 12, 2019

From:

Sun Country Trailblazers, Inc.

Corporation Document No. N19004

7592 N Fernandina Ave.

Dunnellon, FL 34433

To: Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

To whom it may concern:

This correspondence is to request a copy of the Articles of Incorporation for the above referenced entity. I am enclosing a check for \$8.75 as instructed by an employee with your organization:

Please send them to the address referenced above.

Sincerely,

Karen Ogburn

Karen Ogburn

President, Sun Country Trailblazers

CK 1302 - \$4375
3500 Amendment
875 Copy of
Articles
\$4375

Articles of Amendment
to
Articles of Incorporation
of

Sun Country Trailblazers INC.

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

N19004

(Document Number of Corporation (if known))

FILED
IN THE OFFICE OF THE
CLERK OF THE
FLORIDA DEPT. OF STATE
2019 NOV 15 PM 4:07

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:

_____ The new
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:

(Principal office address MUST BE A STREET ADDRESS)

7592 N Fernandina Ave
Dunnellon, FL 34433

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Karen Ogburn
New Registered Office Address: 7592 N Fernandina Ave
(Florida street address)
Dunnellon, Florida 34433
(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.


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:
☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Marilee McGinnis</u>	<u>75 Lake View Drive East</u> <u>Ocala, FL 34482</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Nancy Puckett</u>	<u>3595 NW 79th Ave Rd</u> <u>Ocala, FL 34482</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Karen Holgate</u>	<u>1749 SE 59th St</u> <u>Ocala, FL 34480</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lori Lewis</u>	<u>15801 NW 112 Place Road</u> <u>Morrison, FL 32668</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Catherine York</u>	<u>12700 SW 112th St Rd</u> <u>Dunnellon, FL 34432</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Brenda Lindsey</u>	<u>9951 SE 136th Terrace</u> <u>Dunnellon, FL 34431</u>

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

November 11, 2019

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 11/12/19

Signature Karen Ogburn
(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)

Karen Ogburn
(Typed or printed name of person signing)

President
(Title of person signing)