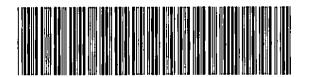
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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	e Orchard	Center Inc	•
DOCUMENT NUMBER:	1000001659		
The enclosed Articles of Amendment an	d fee are submitted for fili	ng.	
Please return all correspondence concern	ing this matter to the follo	wing:	
Am	y Robert S		
	Name of Contact Perso	on)	
- The	Orchard Centre (Firm/Company)	terilac.	
510 W	10th St. Lynn (Address)	Haven, 71.32	<u> १५५५ </u>
	nn Houen F (City/ State and Zip Coo	C 32444	
<u> almee rober</u> E-mail addres	+50 orchards: (to be used for future an	hual report notification	on)
For further information concerning this r	natter, please call:		
Army Roberts (Name of Contact Person)	at (<u>80</u>	3) 381–33 Tea Code & Daytime	Telephone Number)
Enclosed is a check for the following am	ount made payable to the	Florida Department of	`State:
\$35 Filing Fee \$43.75 Filing Certificate of Sta		al copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	A D	treet Address mendment Section ivision of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		lifton Building 661 Executive Center Ci	rele

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		Center, Inc	
(Name of Corporation as cur	rrently filed	with the Florida Dept. of S	tate)
N210000			
(Document N	umber of Co	rporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of			Profit Corporation adopts
A. If amending name, enter the new name	of the corpo	oration:	
NA			<u> </u>
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
· .			
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>		<u>M/4</u>	
<u> </u>			
			
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		NA .	
			2 ::
			<u> </u>
			Un Un
D. If amending the registered agent and/o	r registered	office address in Florida, e	fel — nter the name of the
new registered agent and/or the new re			
Name of New Registered Agent:	NA		
			
New Registered Office Address:	<u> </u>	(Florida street address)	_ _
			, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if chand hereby accept the appointment as register position.			ept the obligations of the
жиним.	ο ν Δ		
	Signature o	f New Registered Agent, if ch	 uanyiny
	21,5,000,000,000,000	,	·····o····o

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
	Tandy Arbogast	510 W 10th St. Cynn Haven FL - 32444	□ Add □ Remove
Dic	Tandy Arbogast	510 W 10th St Lynn Haven FL 32444	□ Add ☑ Remove
Dir/Sec	Chelsea Tucker	510 W 10 M. St. Lynn Haven FL 32444	□KAdd ← □ Remove
	g or adding additional Articles, enter elements of the specific onal sheets, if necessary). (Be specific		
_NA			
	- 7		

The date of each amendment(s) adoption: 1/22/3021
Effective date if applicable: (date of adoption is required) (no more than 90 days after amendment file date)
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 M22/2021 Signature On Robut
(By the 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)
(Typed or printed name of person signing)
Resident of Board (Title of person signing)