N34016

(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:
· · · - · · · · · · · · · · · · · · · ·

Office Use Only



400332704284

08/13/19--01012--028 ★◆35.00

2019 AUG 13 PH 2:51



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>GREATER BRANDON MEALS ON WHEELS, INC.</u>	
DOCUMENT NUMBER: N 34016	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
GARNETTE STOHE (Name of Contact Person)	
(Name of Contact Person)	
GREATER BRANDON MEALS ON WHEELS, INC (Firm/ Company)	
6124 KESTRELPARK DR	
(Address)	
LITHIA, FL 33547 (City/ State and Zip Code)	
(City/ State and Zip Code)	
garnette stohr a amail: com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Garnette Stohr at 813 - 841 - 1950 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(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:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation of

GREATER BRANDON MEALS ON 1 (Name of Corporation as currently file	WHEELS, INC.	
N 34016 (Document Number of Co		
Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation" o "Company" or "Co." may not be used in the name.	or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	10 Garnette Stohr	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	6124 Kestrelpark Dr.	
	Lithia FL 33547	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6124 Kestrelpark Dr. Lithia, FL 33547 AG AG	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent: Garn	nette Stohr	
	Kestrel park Dr 177 07 (Flurida street address)	
<u>New Registered Office Address</u> :	77547	
Li th (Cin	NOC Florida 3354 1 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		
	Samete Stohn	
Signatur	re 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: XChange X Remove A Add	PT John I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	TD	David Lemar, Sr.	1402 Crooked Stick Dr Valrico, FL 33596
2) Change Add	<u>TD</u>	Garnette Stohr	6124 Kestrelpack Dr Lithia, FL 33547
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
6) Change Add			

N/A	ttach additional sh	ling additional Articets, if necessary).	(Be specific)				
N/K	.1/^						
	NA						
							 .
							
						•	
						_	
	·						
				· · ·			
		· · · · · · · · · · · · · · · · · · ·					
				.			
			<u> </u>				
		·		_			
		<u> </u>	***		. <u>-</u>		
			•				
						· ·	
	· · · -						

	date of each amendment(s) adoption: this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	t be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
ø	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 8-9-19	
	Signature Boulara Brooks	
	(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)	
	BARBARA BROOKS (Typed or printed name of person signing)	
	SECRETARY (Title of person signing)	

. . . .