N9500000 4450

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations Squire Hill Inc NAME OF CORPORATION: N95000004450 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Erik J Smith (Name of Contact Person) Squire Hill Inc. (Firm/ Company) 2001 S Seacrest Blvd (Address) Boynton Beach FL 33435 (City/ State and Zip Code) shazam l l@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 272-7748 Erik or Suzanne smith (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: ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (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



August 20, 2019

ERIK J SMITH 2001 S SEACREST BLVD BOYNTON BEACH, FL 33435

SUBJECT: SQUIRE HILL, INC. Ref. Number: N95000004450

We have received your document for SQUIRE HILL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and lis being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 119A00017011

rebekah. white @ DDS. my Fluida.com

Articles of Amendment to Articles of Incorporation of

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|-----|--------|----|---|-------|
| 20, | 19 AUG | 13 | 桶 | 9: 25 |

| (Name of Corporation as cur | rently filed with the Florida Dept. of State) |
|--|--|
| - | · · |
| (Document Nu | mber of Corporation (if known) |
| | |
| irsuant to the provisions of section 617,1006, Florida Sta | itutes, this Florida Not For Profit Corporation adopts the followi |
| nendment(s) to its Articles of Incorporation: | / |
| If amending name, enter the new name of the corpo | ration: |
| | / The n |
| ime must be distinguishable and contain the word "corpe | |
| Company" or "Co." may not be used in the name. | |
| . Enter new principal office address, if applicable: | |
| rincipal office address MUST BE A STREET ADDRE | (38) |
| , <u> </u> | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | / // |
| | 7 |
| If amending the registered agent and/or registered new registered agent and/or the new registered offi | office address in Florida, enter the name of the |
| new registered agent and/or the new registered orn | CC additions. |
| Name of New Registered Agent: | |
| | |
| | (Florida street addiess) |
| New Registered Office Address: | |
| <u></u> | , Florida |
| | (City) (Zip Code) |
| lew Registered Agent's Signature, if changing Registe | ered Agent; |
| hereby accept the appointment as registered agent. I a | m 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\(\mathbe{i}\) s 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | <u>V</u> <u>M</u> | hn Doe ike Jones Ily Smith | |
|--|-------------------|----------------------------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | T | Jackie Jernigan | 2011 S Seacrest Unit A |
| | | | Boynton Beach FL 33435 |
| Add Remove | | | |
| 2) X Change | P | Raymond Urias | 2037 S Seacrest unit A |
| Add | | | Boynton Beach Fl 33435 |
| _ Remove | 1) | Mark Worch | 2017 D S Seacrest Blvd |
| 3) Change | | Mark Worth | boynton beach ft 33435 |
| Remove | | | |
| 4) Change | D | Jon Worch | 217A S Seacrest blvd |
| Add | | | boynton beach (1 33435 |
| Remove | | | |
| 5) X Change | VP | Lisa Shea | 2037C S. Seacrest Blvd |
| Add | | | boynton beach fl 33435 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Lattach additional sheets, if necessary). (Be specific) Jackie Jernigan is replacing Mark Worch as Treasrer Mark Worch has moved to Director | | | |
|---|-------------|--|--|
| Raymond Urias is replacing Jon Worch as President . Jon Worch moved to Director | | | |
| Lisa Shea has moved to VP none previous | | | |
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| The date of each amendment(s) a | doption: | , if other than th |
|--|--|---------------------|
| late this document was signed. | , | |
| June Effective date <u>if applicable</u> : | e 1 2019 | |
| | (no more than 90) days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Di | lock does not meet the applicable statutory filing requirements, this date will no epartment of State's records. | ut be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a was/were sufficient for approx | adopted by the members and the number of votes cast for the amendment(s) al. | |
| There are no members or men adopted by the board of direc | inbers entitled to vote on the amendment(s). The amendment(s) was/were stors. | |
| August 8 2 | 2019 | |
| Dated | 27/1/17/1 | |
| Signature | | |
| (By the cha | tirman or vice chairman of the board, president or other officer-if directors | |
| | been selected, by an incorporator – if in the hands of a receiver, trustee, of | |
| other cour | t appointed fiduciary by that fiduciary) | |
| Erik I S | | |
| | (A yped or printed name of person signing) | |
| Registe | ered Agent , Proporty Manager | |
| | (Title of person signing) | |