P0000032264

(Requestor's Name)				
(Nequestor'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				
THE IMAGE WAS UPD ATED TO DUE CLERICAL ERROR WITH ORIG INAL FILING J.DENNIS 05/07/2024				





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12/01/23--01020--002 **10.00



COVER LETTER

Division of Corporations NAME OF CORPORATION: _ 40000003330P DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee ☑ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

~ 44₀₀,

	01
Barry James &	Associates , DOC
(Name of Corporation :	as currently filed with the Florida Dept. of State 18 Ari Co. 25
Phonon 32	12 18 Ail 8: 36
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statist Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	aration.
Floridas tines! To	oration," "company," or "incorporated" or the abbreviation "Corp.,"
	r "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	6021 180th AVE N
(Principal office address MUST BE A STREET ADDRE	
	- GLEST HOUSE
	LOXADOTCHEE FL334-70
C. Enter new mailing address, if applicable:	White Commence Alan
(Mailing address MAY BE A POST OFFICE BOX)	14611 Southern BWD
	-P.O. BOX 1182
	DVOLODELEE A 301/20
	ECM12/10/05 15 324-45
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	ice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	
increas accept the appointment to registered agent. The	The second second and second and second seco
Signatur	re of New Registered Agent, if changing

Check if applicable

☑ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional attach additional sheets, if necessa	y), (Be specific) 🕥	
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an amendment provides for an	exchange, reclassification, or cance	ellation of issued shares,
orovisions for implementing the (if not applicable, indicate N/2	amendment if not contained in the	amendment itself:
(у пот иррисите, таксые 1977	, - [\	
	$\bigcap A$	
		

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	
Effective date <u>if applicable</u> :	(no more than 90 days after o	imendment file date)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutor epartment of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of dire	ctors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of ufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting each voting group entitled to vote separat	groups. The following statement ely on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient	for approval
by		<u> </u>
	(voting group)	
Dated	2/11/23	
select	director, president or other officer – if directed, by an incorporator – if in the hands of a nted fiduciary by that fiduciary)	tors or officers have not been receiver, trustee, or other court
	Wardie M. His (Typed or printed name of person	of Baugh son signing)
	(Title of person signing)	



December 1, 2023

NATALIE M. HINEBAUGH P.O. BOX 1182 LOXAHATCHEE, FL 33470

SUBJECT: BARRY JAMES & ASSOCIATES, INC.

Ref. Number: P00000032264

We have received your document for BARRY JAMES & ASSOCIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler Regulatory Specialist II

- 13 2023 .

Letter Number: 423A00027471