P00 0000 79842

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A. RAMSEY
JAN 0 6 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Tomlinson & Co	Inc	
DOCUMENT NUM	1BER: P00000079842		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Todd Tomlinson		
		Name of Contact Persor	1
	Tomlinson & Co., Inc		
	. =	Firm/ Company	· <u> </u>
	155 Cranes Roost Blvd		
		Address	*
	Altamonte Springs, FL 3270	I	
		City/ State and Zip Code	`
	tt@tomlinsonandco.com		
	•	sed for future annual report	notification)
For further informat	ion concerning this matter, plea		478-2142
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 DEC 16 PM 12 23

Tomlinson & Co., Inc

Check if applicable

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

(Name of Corporation as currently	filed with the Florida Dept. of State)
P00000079842	MASSER, FUSHAN
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	— N. I.A.
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	- NA
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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)

Example:

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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	0	Harry O. Tomlinson	155 Cranes Roost Blvd Suite 2040
Add X Remove			Altamonte Springs, FL 32714
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			<u> </u>
Add			
Remove			 -
6) Change		_	
Add			
Remove			

ttach additional sheets, if	ditional Articles, enter change(s) here: (necessary). (Be specific)		
-			
	(1)		
	NIN		
<u>-</u>			
 .			
<u>. </u>	_		
	<u></u>		
an amendment provide	s for an exchange, reclassification, or cancellation of issued	1 shares,	
orovisions for implement (if not applicable, indi	ing the amendment if not contained in the amendment its icate N/4)	<u>elt:</u>	
, g , γ			
		-	
	1/1		
	N /_L/		
	N/4,		
	N [.k.		
	N / N		
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	11/1/2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
11/	1/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendmen ufficient for approval.	n(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
12/09/202 Dated		
Signature	July July	
(By a c	lirector, president or other officer – if directors or officers have not been ad, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	Todd O. Tomlinson	
	(Typed or printed name of person signing)	
	Vice President	

(Title of person signing)