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C. BRUMBLEY

MAR - 8 2022

Tallahassee, FL 32314

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Stubblefield Equip	ment Services. Inc	RECEIVED
DOCUMENT NUM	P01000024598		
The enclosed Articles	2022 MAR -3 AM 11: 14		
Please return all corre	espondence concerning this mat	tter to the following:	SECRETARY DE STATE TALL AHASSEE, FL
	Allison Augustine Stubblefie	ld	
		Name of Contact Person	
		Firm/ Company	
	24676 Rodas Drive		
		Address	
	Bonita Springs, FL 34135		
		City/ State and Zip Code	
	allisonaugustine@ymail.com		
	E-mail address: (to be us	sed for future annual report i	notification)
For further information	on concerning this matter, pleas	se call:	
Allison Augustine S	tubblefield	at ( 239	227-5807 ) de & Daytime Telephone Number
Name of Contact Person		Area Cod	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

	Articles of Amendment
•	to Articles of Incorporation  of
Stubblefield Equipment Services, Inc	<b>.</b> .
(Name (	of Corporation as currently filed with the Florida Dept. of State)
	(Document Number of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:
"chartered." "professional association."  B. Enter new principal office address, (Principal office address MUST BE A S)  C. Enter new mailing address, if applications address MAY BE A POST	icable: OFFICE BOX)  24600 S. Tomiomi Tr. Ste 212 #7303  Baita Springs FL34134
new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the wregistered office address:
Name of New Registered Agent	Allison Augustine Stubblefield
	24676 Rodas Drive
New Registered Office Address:	Bonita Springs  Florida street address)  Florida  Florida
New Registered Agent's Signature, if c	(City) (Zip Code)
	Signature of New Pregnet 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)

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

<u>X</u> Change	<u>P1</u>	John Doe		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	Allison Augustine Stubblefield	24676 Rodas Drive	
X Add			Bonita Springs, FL 34135	
Remove				
2) Change	D	Allison Augustine Stubblefield	24676 Rodas Drive	
X Add			Bonita Springs, FL 34135	
Remove 3 ) Change	Р	Brian Stubblefield	24676 Rodas Drive	
Add			Bonita Springs, FL 34135	
X Remove				
4) Change	D	Brian Stubblefield	24676 Rodas Drive	
Add			Bonita Springs, FL 34135	
X Remove				
5) Change				
Add			<del> </del>	
Remove				
6)Change				
Add			<del></del>	
Remove				

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(Attach additional sheets	additional Articles, es, if necessary). (Be :	specific)			
			-		•
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		. <u> </u>			
If an amendment provi provisions for implem (if not applicable, i	enting the amendmen	reclassification, or nt if not contained	cancellation of issue in the amendment it	ed shares, self:	
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	, if other than the
date this document was signed.	
Effective date if applicable:	
	to more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be listed as the ite's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the ineaction was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	reholders. The number of votes cast for the amendment(s) roval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	<u> </u>
(votinș	group)
Dated	
Signature Allison Stud	t or other officer – if directors or officers have not been
	or other officer – if directors or officers have not been or other court
appointed fiduciary b	
	Allison Stubblefield
(T <sub>3</sub>	ped or printed name of person signing)
	Owner
(Ti	le of person signing)