## PUI 000033097

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Peter R Tyson Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Peter R Tyson Name of Contact Person Peter R Tyson Inc. Firm/ Company PO Box 644378 Address Vero Beach FL 32964 City/ State and Zip Code tyson@peterrtyson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Peter R Tyson 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

> Mailing Address Amendment Section Division of Corporations

P.O. Box 6327

TO: Amendment Section

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

is enclosed)

## Articles of Amendment to Articles of Incorporation of

Peter R Tyson Inc

711 ED 2022 FEB -7 PH 12: 17

SECRETAL SEC	317 A
(Name of Corporation as currently filed with the Florida Dept. of State) 1 2011 C	
P01000033097	302.11.
(Document Number of Corporation (if known)	
ursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following am s Articles of Incorporation:	endment(s)
. If amending name, enter the new name of the corporation:	
The ame must be distinguishable and contain the word "corporation," "compony," or "incorporated" or the abbreviation "Clinc.," or "Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the chartered," "professional association," or the abbreviation "P.A."	new Torp.," word
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	<del></del> -
	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
Kew Registerea Office Adaress: Florida (City) (Zip Code)	—
w Registered Agent's Signature, if changing Registered Agent:	
ereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	
Signature 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 Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change	[PF])	_	Jeanne Myers		2105 Island Drive Vero Beach FL	
X Add						
Remove						
2) Change		_				
Add						
Remove 3 ) Change		_				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		<u> </u>				
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additional sl</i>	ing additional Articles, enter eets, if necessary). (Be spec	ific)		
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an amendment of	ovidos for an araba-			
provisions for imp	ovides for an exchange, recla	issification, or cancell not contained in the a	ation of issued shares	ı
(if not applicab	e, indicate N/A)		- Table 1	
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	2/10/2022
The date of each amendment(s) add	option: if other than the
date this document was signed. 2/10/2	ררוז
Effective date if applicable:	M22
<del></del>	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):
	r the amendment(s) was/were sufficient for approval
by	.,
,	(voting group)
2/2/2022	
DatedSignature	Ter plant
selec <b>[√</b> d, i	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Pe	eter R Tyson
<del></del>	(Typed or printed name of person signing)
Pr	esident
•	(Title of person signing)