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LALBRITTON

COVER_LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: John D. Lawrence,	Inc.	
DOCUMENT NUM	BER:		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	John Lawrence		
		Name of Contact Person	
	John D. Lawrence, Inc.		_
		Firm/ Company	
	7615 Mahogany Run		
		Address	
	Port St Lucie, Fl 34986		
		City/ State and Zip Code	?
	johnstlucie@yahoo.com		
	•	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:at (772	359-4998
Name	of Contact Person	ar (Area Coo	de & Daytime Telephone Number
	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.C	iling Address endment Section dision of Corporations display Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

John D. Lawrence, Inc.			
(Name o	f Corporation as curren	tly filed with the Florida Dept.	of State)
P01000070375			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation ado	opts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation;		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered." "professional association."	"orp," "Inc," or "Co".	A professional corporation na	or the abbreviation "Corp"
B. Enter new principal office address.		7615 Mahogany Run	
(Principal office address MUST BE A S	TREET ADDRESS)	Port St Lucie, FI 34986	
			1.2
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		7615 Mahogany Run	
(Maiting utaress <u>MAT BE A POST</u>	OFFICE BOX/	Port St Lucie, FL 34986	
D. If amending the registered agent at new registered agent and/or the new Name of New Registered Agent	nd/or registered office ad w registered office addre	ldress in Florida, enter the namess:	ne of the
Name of New Register cu agesti	7615 Mahogany Run		
		street address)	
New Registered Office Address:	Port St Lucie	,	Florida
new negative to a specific property of the spe		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis	changing Registered Age tered agent. I am familia	nt: ir with and accept the obligations	s of the position.
	Signature of New	Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1	1) (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: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
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 Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
lf an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•

he date of each amendment(s) adoption:	, if other than
ate this document was signed.	
ffective date if applicable:	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ocument's effective date on the Department of State's records.	te will not be listed as
doption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statemormust be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 8-8-2020	
Dated 8.8-2020 Signature Value Queece	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other countries of the contribution of the contr	rt
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the

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