## P0200009829

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JIII Coon Inc	
D020000000000	The state of the s
The enclosed Articles of Amendment and fee are	submitted for filling.
Please return all correspondence concerning this	ত প্রস্থাতে। তাল প্রস্থাপারিক প্রশাস করিব করিব করিব করিব করিব করিব করিব করিব
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	Name of Contact Person
Towns on the second	- Firm/Company
1916 Cat Creek Road	· ···································
Manchester, TN 37355	Address के साम प्रदूष कर कर के अधिकार के उन्हें का कार कर है जा
	City/ State and Zip Code State of the State
	used for future annual report notification)
For further information concerning this matter, ple	ক্ষুক্রান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত ease call: নিম্মান্ত্র ক্ষুক্র ক্ষুক্র কর্মান্ত্র ক্ষুক্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত্র কর্মান্ত
Fill Coon	319-4743
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}	
	is enclosed)
Mailing Address	Street Address Amendment Section

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

400 Articles of Amendment (1) who to to

fill Coon Inc.	Market State Control of the Control
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	currently filed with the Florida Dept. of State)
02000009829	the second of th
(Document N	fumber of Corporation (if known)
Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amends
Actuality of morporation.	The same of the sa
If amending name, enter the new name of the corpora	ition:
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e must de distinguisnable and contain the word "corporation" "Com" " "Ino" on "	tion," "company," or "incorporated" or the abbreviation "Cor
e," or Co.," or the designation "Corp," "Inc," or " ortered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the M
riereu, projessiona association, or the aboreviation	المنهي المنابي المعاول المنابي والمناب المتعافظ فيكتب فعالما المعادية
nter new principal office address, if applicable:	2365 Wellington Green Drive
cipal office address MUST BE A STREET ADDRESS	3)
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A MANAGE OF THE STATE OF THE ST	Wellington, FL 33414
Enter new mailing address, if applicable:	and the second s
	1916 Cat Creek Road
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
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	Manchester, TN-37355
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If amending the registered agent and/or registered offi	ice address in Worlds, enter the name of the
new registered agent and/or the new registered office a	address:
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Name of New Registered Agent	المامينية من المامينية المامينية المامينية المامينية المامينية المامينية المامينية المامينية المامينية المامين المامينية المامينية
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(Flo	orida street address)
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New Registered Office Address:	, Florida
المعالم المعالج المنافر	(City) (Zip Code)
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man in the second of the second	Amount
Registered Agent's Signature, if changing Registered	Agent:
eby accept the appointment as registered agent. I am far	minar with and accept the obligations of the position.

Check if applicable 

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

of each Officer and/or Director being added: ách 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 Y 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 PT John Doe X Remove Mike Jones · Mir · Agair ेरियोक्स स्टब्स् स्टब्स् स्टब्स <u>sv</u> <u>X</u> Add Sally Smith Type of Action Title (Check One) --; Jill Coon 1916 Cat Creek Road Change Add Manchester, TN 37355 Remove Randy Coon --1916 Cat Creek Road Change Add Manchester, TN 37355 Remove Change Add Remove Change Add Remove Change Add Remove Change AddRemove

the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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Adoption of Amendmer	it(s) (CHECK ON	VE)	میدانسخشمریان المید	» د مصادر شد	·
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October 14, 2024

JILL COON 1916 CAT CREEK ROAD MANCHESTER, TN 37355

SUBJECT: JILL COON, INC. Ref. Number: P02000009829

We have received your document for JILL COON, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

Letter Number: 524A00022621

