## P020000 20426

(Re	equestor's Name)		
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Antonia Corp			
	4BER: P02000020426			
The enclosed Article	es of Amendment and fee are sul	bmitted for filing.		
Please return all cor	respondence concerning this mat	tter to the following:		
	Jeanine Baron			
		Name of Contact Person		
	Antonia Corp			
		Firm/ Company	<del>.</del>	
	11301 Pelican Lake Ct			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Riverview, FL 33569			
		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	jeaninebaron@yahoo.com			
	•	sed for future annual report	natification)	
For further informates Jeanine Baron	tion concerning this matter, pleas	se call:at (	204-8079	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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 Tallabassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Antonia Corp.			
(Name of	Corporation as currently	filed with the Florida D	ept. of State)
P02000020426			
	(Document Number of	Corporation (if known)	·
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Torida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name	me of the corporation:		
N/A			Th
name must be distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	orp," "Inc," or "Co". A	ompany," or "incorporate professional corporation	The new d" or the abbreviation "Corp" a name must contain the Word
B. Enter new principal office address, if	f applicable:	N/A	. 23
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )		2
			<del></del>
C. Enter new mailing address, if applie (Mailing address MAY BE A POST O	rable: DFFICE BOX	N/A	
D. If amending the registered agent and			name of the
new registered agent and/or the new	registered office address:		
Name of New Registered Agent	N/A 		
-	(Florida stre	et address)	<u> </u>
New Registered Office Address:	N/A		, Florida
New Registered Office Address.	(	City)	, 1100103
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registe.	red agent. I am familiar w	ith and accept the obligati	ons of the position.
<del></del>	G: CM D	gistered Agent, if changin	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	V	Raven Kyles	11301 Pelican Lake Ct
X Add		-	Riverview, FL 33569
Remove			
2) Change		_	
Add			
Remove 3 ) Change		_	
Add			
Remove			
4) Change		_	
Add			<u></u>
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			<u> </u>
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	<u>,, act c</u> .		
N/A	•			
<del></del>			<u>.                                    </u>	
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		•		<del></del>
F. If an amendment provides for an exch	unnan raalossifiaatis	on or noncollatio	n of ionsad abo	was
provisions for implementing the ame	ndment if not conta	ined in the amen	idment itself:	165,
(if not applicable, indicate N/A)				
N/A				
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<del>-</del>		<del></del> -		
		<u> </u>		
<del>-</del>				

	N/A	
The date of each amendment(s) a	adoption:, i	if other than th
date this document was signed.	2/2020	
######################################	2/2020	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder action ac	reholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
bv		
,	(voting group)	
7/22/202 Dated	20	
Signature	Ednine Baron	
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	JEANINE BARON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	