## P02000031839

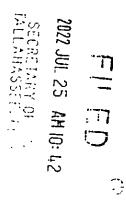
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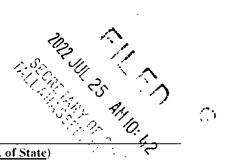
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Michael L. Anderso	on Inc.		
	1BER: P02000031839			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Sherry Anderson			
	<del> </del>	Name of Contact Persor	<u>.</u>	
	Michael L. Anderson Inc.			
	·	Firm/ Company		
	4033 Oak Forest Drive	, ,		
		Address		
	Panama City, FL 32404			
		City/ State and Zip Code		
	sherryanderson107@gmail.co	om sed for future annual report		
For further informati	ion concerning this matter, pleas	·		
Desiree Schroeder	<u>.</u>		774-9601 de & Daytime Telephone Number	
Name	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		<u>Address</u>	
	mendment Section		lment Section	
	vision of Corporations		on of Corporations	
	O. Box 6327 dlahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of



Michael L. Anderson Inc.

Check if applicable

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

( <u>Name (</u>	of Corporation as currently	<u>filed with the Florid</u>	la Dept. of State)	7 : E
P02000031839				
	(Document Number of	Corporation (if known	n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Iorida Profit Corpora	ution adopts the fol	lowing amendment(s) (
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	lorp," "Inc," or "Co". A	ompany," or "incorpo professional corpore	orated" or the abbreation name must c	eviation "Corp" contain the word
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>				
r incipul office address <u>siros i pi. A s</u>	TREET FIDINGSS Y			
				<del></del>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)				
). If amending the registered agent ar	id/or registered office addr	ess in Florida, enter i	the name of the	
new registered agent and/or the ne	w registered office address:			
Name of New Registered Agent	Radke Consulting PLLC			
	135 Mill Pond Cove			
	(Florida stre	et address)		<del></del>
New Registered Office Address:	Crestview		. Florida <sup>32:</sup>	539
The state of the s		(Ciţy)		(Zip Code)
New Registered Agent's Signature, if of the Registered Agent's Signature, if of the Registered Regi			ligations of the posi	ition.
	•	•		
	Signature of New Re	gistered Agent, if cha	nging	

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 Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change			. <u></u>	
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

vitach <i>additie</i>	mat sheets, if neo	cessary). (Be s	(pecific)			
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novisions for	or implementing	g the amendmer	<u>recussification.</u> at if not contain	ed in the ameno	of issued shares Iment itself:	1
(if not ap	oplicable, indica	ue N/A)		·	<del></del>	
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The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	ı and sharcholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt.
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated7/1.	5/22 All	
(By a selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	<del></del> ;
·	Sherry L. Anderson	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	