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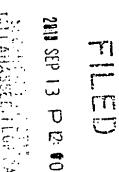
(Re	questor's Name)	
(Ad	dress)	_
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: BAYWASH OF P	ORT ST. JOE. INC	
DOCUMENT NUMBI	ER:		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
٧	VILLIAM H. CARR, JR		
_		Name of Contact Person	1
E	BAYWASH OF PORT ST.	JOE, INC	
		Firm/ Company	
F	P.O. BOX 519		
***		Address	
F	PORT ST, JOE, FL 32457		
_		City/ State and Zip Cod	c
wcarr8	31@yahoo.com		
	-	sed for future annual report	notification)
		·	
For further information	concerning this matter, pleas	se call:	
WILLIAM H. CARR, J	JR	850	227-6123
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	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)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	dment Section	Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314		20011	

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

BAYWASH OF PORT ST. JOE, INC			
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	t. of State)
P023000040066			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpore	orated" or the abbreviation
B. Enter new principal office address,	if annlicables	768 W. HWY 98	
(Principal office address MUST BE A S		PORT ST. JOE, FL 324	56
		<u> </u>	
C. Enter new mailing address, if appl		P.O. BOX 519	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	PORT ST. JOE, FL 324	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the nar	ne of the
new registered agent and/or the ne			·
Name of New Registered Agent	WILLIAM H. CARR, JE	₹	
	104 SUNSET CIRCLE	, PORT ST. JOE, FL 32456	****
	(Florida :	street address)	
N. D. Samud Office Alleran	P.O. BOX 519		, Florida
New Registered Office Address:		(City)	_, Florida (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			er of the position
т петеоу ассерт те арровитет их тедіх	ierea ageni. Tam jamina.	r wiin and accept the omigation	Trans.
	-1		
	William 17 Ca		SEP T
	Signature of New	Registered Agent, if changing	W. C. W
			To III

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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VDST		JAMES G. JOHNSON	281 COMMERCE BLVD
Add		_		PORT ST. JOE, FL
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
IVA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(ij not applicable, matcate 147A)
N/A
N/A

	t(s) adoption:, if other than the
date this document was signed	
Effective data if applicables	SEPTEMBER 10, 2018
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
SEF Dated	PTEMBER 10, 2018
Signature	This Kan
	By a director, president or other officer – if directors or officers have not been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other court
a	ppointed fiduciary by that fiduciary)
	WILLIAM H. CARR, JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)