(Re	questor's Name)	
(Add	dress)	<u>. </u>
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(But	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
	Office Llea Or	



600359844616

02/22/21--01040--025 | **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Providence Equestr	rian Center. Inc.
DOCUMENT NUMBER: P02000087661	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Heather Cassese	
	Name of Contact Person
Providence Equestrian Center	, Inc.
	Firm/ Company
PO Box 368437	,
	Address
Bonita Springs, FL 34136	
	City/ State and Zip Code
accounting@providenceeques	striancenter.com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Heather Cassese	at (239) 948-7669 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, 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

FILED

Providence Equestrian Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State P02000087661 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Office (Attach additional shee Please note the officer, P = President; V = Vic Executive Officer; CFO President, Treasurer, I Changes should be not a change, Mike Jones & Mike Jones, V as Remo	er and/or I ets, if neces /director tit ce Presiden D = Chief F Director wo ted in the fo leaves the c	Director being added: sary) le by the first letter of the office the t; T= Treasurer; S= Secretary; L inancial Officer. If an officer/dire ould be PTD. ollowing manner. Currently John	the of each officer/director being removed and title, name, and the: Description: TR = Trustee; C = Chairman or Clerk; CEO = Chief ector holds more than one title, list the first letter of each office held. Doe is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe, PT as a Change,
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>	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

oseph Cassese (400 shares)				
manda Cassese (100 shares)				
	 			<u> </u>
	 		<u> </u>	
		····		
			 	-
<u> </u>	 			
			 	
If an amendment provides for an exprovisions for implementing the are (if not applicable, indicate N/A)			res,	
1				
1				

	1
The date of each amendment(s date this document was signed.) adoption:, if other than the
-	2.19.21
Enective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s 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)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
02,19.2 Dated	1
Signature /s	Heather Cassese
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
1	Heather Cassese
	(Typed or printed name of person signing)
	President
	(Title of person signing)