## P030000 31599

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SCHMORR PROP	PERTIES, INC.			
DOCUMENT NUM	BER: P03000031599				
	of Amendment and fee are sul	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	Thomas O. Michaels, Esq.				
		Name of Contact Person			
	Thomas O. Michaels, P.A.				
	<del></del>	Firm/ Company	<del></del>		
1370 Pinehurst Rd.					
	Address				
	Dunedin, FL 34698				
		City/ State and Zip Code	:		
	stephaniecalim@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Thomas O. Michael	els, Esq.	727	733-8030		
Name	of Contact Person	at (727 ) 733-8030  Area Code & Daytime Telephone Number			
Enclosed is a check f	or 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)		
An Di P.C	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

SCHMORR PROPERTIES, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of State)	
P03000031599			
<del></del>	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the follo	owing amendment(s)
A. If amending name, enter the new n			TI
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany." or "incorporated" or the abbrev professional corporation name must co	The new riation "Corp.," intain the word
B. Enter new principal office address, if applicable:		2018 RAINBOW FARMS DR.	~ 1
(Principal office address MUST BE A S		SAFETY HARBOR, FL 34695	7020 A.P.R
			.PR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018 RAINBOW FARMS DR.	-6 PH
		SAFETY HARBOR, FL 34695	ن
			22
D. If amending the registered agent an new registered agent and/or the ne		ess in Florida, enter the name of the	
<del></del>	STEPHANIE J. CALIM		
Name of New Registered Agent		DD	
	2018 RAINBOW FARMS	<u> </u>	
	(Florida stre	et address) 346	:05
New Registered Office Address:		, Florida	<u> </u>
	(	(City)	(Zip Code)
New Registered Agent's Signature, if a libereby accept the appointment as regis	changing Registered Agent: stered agent. I am familiar w	ith and accept the obligations of the posit	ion.
A	planet J.	Calin	
		gistered Agent, if changing	

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)

Example:

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.

A_Change	<u>r 1</u> <u>Jonn</u>	<u> 1006</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D,P	MICHAEL J. SCHMORR	36750 US Hwy 19 N., # 2397
Add	<del></del>		Palm Harbor, FL 34684
	VP,S,T	STEPHANIE J. SCHMORR	
2) Change Add			Palm Harbor, Ft. 34684
Remove 3) Change	D,P,S,T	STEPHANIE J. CALIM	2018 Rainbow Farms Dr.
_X_ Add			Safety Harbor, FL 34695
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending</u> (Attach <i>additi</i>	or adding addition ional sheets, if necessity	inal Articles, enter essary). (Be spec	<u>· change(s) here:</u> ific)			
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If an amend	dment provides for	r an exchange, rec	lassification, or	cancellation of is	sued shares,	
provisions	for implementing	the amendment if	<u>i not contained i</u>	n the amendmen	t itself:	
	applicable, indicate	e 187A )				
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				<u>- — </u>		
<del></del>		<u>.</u>				
<u> </u>					. <u> </u>	
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				_		

April 2, 2020	
The date of each amenoment(s) adoption.	her than the
date this document was signed.	
April 2, 2020	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	lder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
April 2, 2020  Dated  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
STEPHANIE J. CALIM	
(Typed or printed name of person signing)	
President	
(Title of person signing)	