P03000059581

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	-
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P. WHITE MAR 1 4 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:ST	OVER SALES INC	
DOCUMENT NUMBER	:	P03000059581	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following;	
		THOMAS STOVER	
		Name of Contact Persor	1
		STOVER SALES INC	
		Firm/ Company	
		324 DENNARD AVE	
		Address	
	JACI	KSONVILLE, FL 32254	
		City/ State and Zip Code	2
	TOMS	TOVER@STOVERSALE	SINC.COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter inlead	se call:	
THOMA	S STOVER	at (_)
Name of Co	ontact Person	Area Co	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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

STOVER SALES INC

2020 FID 24 AM 6: 12

(Name of Corporation as currently filed with the Florida Dept. of State)

	P03000059581
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corpo	ration:
	The new ration, ""company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	324 DENNARD AVE
(Principal office address <u>MUST BE A STREET ADDRE</u>	JACKSONVILLE, FL 32254
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	324 DENNARD AVE
	JACKSONVILLE, FL 32254
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	
Signatur	of New Registered Agent, if changing
Chook 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	<u>nes</u>	
_X Add	<u>SV</u>	Sally Sn	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

(Attach a	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)
	
	-
	
	
. If an am	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisi	ns for implementing the amendment if not contained in the amendment itself:
(if i	ot applicable, indicate N/A)

2/21/2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder acti action was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
2/21/2020 Dated	
Sland II	
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 cour	rt
appointed fiduciary by that fiduciary)	
THOMAS STOVER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	