P03000063643

(Address) (Address) (City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Bill's Transmission	n, Inc.	
DOCUMENT NUM	IBER: P03000063643		
	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Michael Robinson		
		Name of Contact Person	
	Robinson Accounting Service	e	
		Firm/ Company	
	2335 E. Baldwin Rd.		
		Address	
	Panama City, FL 32405		
		City/ State and Zip Code	e
	robinsonacetg@knology.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Michael Robinson		at (<u>850</u>	769-2331
Name 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)	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 to Articles of Incorporation of

BILL'S TRANSMISSION, INC.

	poration as currently filed with the Flo	rida Dept. of State)
203000063643		
(1)	Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, I ts Articles of Incorporation:	Florida Statutes, this Florida Profit Corpo	oration adopts the following amendment(s
A. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain the wo Inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc." or "Co". A professional corpe	porated" or the abbreviation "Corp.," pration name must contain the word
. Enter new principal office address, if appl	icable:	
Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	E BOX)	
		::
		<u></u>
. If amending the registered agent and/or re	gistered office address in Florida, enter	r the name of the
new registered agent and/or the new regist	tered office address:	
Name of New Registered Agent		
		المالي المالية
	(Florida street address)	72 27
New Registered Office Address:		171 m 2 d
same of the state	(City)	, Florida(Zip Code)
		•
w Registered Agent's Signature, if changing	Registered Agent:	
ereby accept the appointment as registered ago	ent. I am familiar with and accept the ob	oligations of the position.
	Signature of New Registered Agent, if cha	anging
eck if applicable	Signature of New Registered Agent, if cha	anging

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>	Name	<u>Addres</u> s
1) Change	S	WILLIAM BRANDON HILL	9735 BEAR FOOT BLVD
X Add			PANAMA CITY, FL 32404
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each a	amendment(s) adoption:	, if other than th
late this document	was signed.	
Effective date <u>if a</u> j	pplicable:	
	(no more than 90 days after amendment file date)	
Note: If the date in document's effective	inserted in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records.	his date will not be listed as th
Adoption of Amer	ndment(s) (<u>CHECK ONE</u>)	
☐ The amendment action was not re	t(s) was/were adopted by the incorporators, or board of directors without shareholde required.	er action and shareholder
	t(s) was/were adopted by the shareholders. The number of votes cast for the amended ders was/were sufficient for approval.	ment(s)
	(s) was/were approved by the shareholders through voting groups. The following stelly provided for each voting group entitled to vote separately on the amendment(s)	
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
13	Dated	
S	Signature (By a director, president or other officer – if directors or officers have not be selected by an incorporator – if in the hands of a receiver trustee or other	
	(By a director, president or other officer - if directors or officers have not t	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	r court
	WILLIAM HILL	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)