## P03000068742

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SECRETARY OF STATE

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CITIZENS BANK	ING CORPORATION				
	BER: P03000068742	····	·			
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	RICHARD SUDOL					
		Name of Contact Persor	1			
	CITIZENS BANKING COR	PORATION				
	Firm/ Company					
	222 STATE ROAD 60 EAST					
		Address				
	LAKE WALES, FL 33853		ري 10 د	20		
	City/ State and Zip Code			ZZ (C)	23	
	ACCOUNTING@CITIZENS-BANK.COM			ETA	ΙΑΥ	
	-	sed for future annual report	notification)	7. 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7	င်္ပ	
		•	,	SE Q	70	
For further information	on concerning this matter, pleas	se call:		SECRETARY OF STATE TALLAHASSEE, FL	<i>∴</i>	į
RICHARD SUDOL		at ( <u>863</u>	679-2373	T. A.T.E	07	
Name	of Contact Person	at ( Area Coo	) de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Dív P O	iling Address endment Section ision of Corporations . Box 6327 lahassee, F1, 32314	Amend Divisio The Ce 2415 N	Address Iment Section In of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

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とコココフロスマ	RANKING	$C \cap D \cap D \cap D \cap D$	TION

( <u>Name o</u>	of Corporation as currently	filed with the Florida Dep	t. of State)	
P03000068742				
	(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 a	dopts the following ame	ndment(s) t
A. If amending name, enter the new no	ame of the corporation:			
name must be distinguishable and contain	the word "corporation," "ce	ompany," or "incorporated"		new E
"Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co". A			
B. Enter new principal office address, (Principal office address <u>MUST BE</u> A S			52	<u>်</u> _ ယ
remapae office address <u>MOST DE AS</u>	IKLLI ADDKESS )		) (C (E (D) (C	_ <del>P</del>
				2: 07
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> of			f*;	
		•		
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the na	me of the	
Name of New Registered Agent	RICHARD SUDOL			
·			-	
	(Florida stree	rt address)		
New Registered Office Address:		··itv)	, Florida (Zip Code)	
		•••	(ing. Conc.)	
New Registered Agent's Signature, if cl Thereby accept the appointment as registe	nanging Registered Agent: eved agent — Lam familiar wi	th and accept the obligation	as of the position	
	7 m			
	Signature of New Res	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 Doc 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 Doc	
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 (2)
1) Change			
Add			
Remove			
2) Change			STATE OF THE STATE
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del>-</del>
Remove			
6) Change			
Add			~~~~~
Remove			

Attach additional sheets	additional Articles, enter change(s) here: if necessary). (Be specific)	
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		AF/ARCOF
		<u> </u>
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		, <u>H</u>
f	don for an analysis and an incident and an inc	
provisions for implem	des for an exchange, reclassification, or cancellation of issenting the amendment if not contained in the amendment	itself:
(if not applicable, i	idicate N/A)	
	<del></del>	

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 date we document's effective date on the Department of State's records.	ill 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 action are action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	PIL 2023 MAY -3 SECRETARY TALLAHASS
"The number of votes cast for the amendment(s) was/were sufficient for approval	五章 部
by"	AS 4
(voting group)	SS P IT
Dated April 26, 2023	FILED MAY-3 PH 2: 08 RETARY OF STATE LLAHASSEE, FL
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)	
GREG LITTLETON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	