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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

 Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee □ \$43.75 Filing Fee & **■ \$43.75** Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

Articles of Incorporation

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

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "compa	ny," or "incorp	orated" o	new or the	
name must contain the word "chartered," "pro			nai corpoi	unon	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			15		
				ويور ش	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI				AON @	*******
				<u>0</u> 1	enegas.
D. If amending the registered agent and/or i	registered office address in Florida	a, enter the nam	e of the		
new registered agent and/or the new regi	stered office address:		11.14	·n	
Name of New Registered Agent:					
New Registered Office Address:	(Florida street address)	·			
	(City)	, Florida_ (Zip Code)		-	

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)

Title	Name	Address	Type of Action
<u>V. P.</u>	MARY B. COTHRAN	100 SE 34TH ST. OCALA, FL.34471	Add Remove
DEC.	SAME AN ABOVE		☐ Add
TREU.	SAME AN ABOVE		☑ Add
	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		
provisio	endment provides for an exchange, reclins for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s)) adoption:
Effective date <u>if applicable</u> :	(date of adoption is required)
(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
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.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	.,,
(1	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	(Typed or printed name of person signing) (Title of person signing)