P03000126031

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Crow's Corner. In	C	
DOCUMENT NUI	P03000126031		
The enclosed Articl	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	Martha Crow		
		Name of Contact Person	n
	Crow's Corner, Inc		
		Firm/ Company	
	19714 Crows Ln		
		Address	
	Tallahassee, FL 32310		
		City/ State and Zip Cod	e
SCI	ow@mailer.fsu.edu		
		ed for future annual report	notification)
	,	•	, and the second
For further informat	tion concerning this matter, pleas	e call:	
Marth Crow		850 at (509-5491
Nam	e of Contact Person	\- <u></u>	de & Daytime Telephone Number
Enclosed is a check	for the following amount made I	payable to the Florida Depa	artment of State:
□ \$35 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)
	lailing Address mendment Section		Address Iment Section

Articles of Amendment

Articles of Incorporation of



Crow's Corner, Inc. 2019 HUY 25 PM 2: 27 (Name of Corporation as currently filed with the Florida Dept. of State) P03000126031 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

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>	<u>Name</u>	Address
1) Change	D	Michael B. Crow, Jr	16450 Star Hill Rd
Add			Tallahassee, FL 32310
X Remove			
2) Change	D	Robert T. Crow	108 Summerwind Circle E
Add			Crawfordville, FL 32327
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6)Change		-	
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or adding</u> (Attach additional she	ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	

		
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provisions for implementing the amend (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
11/17		_
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	Page 3 of 4	
The date of each amondments \ adaptions	te use	ماد سامارس
date this document was signed.	, if oth	er man the
tale this document was signed.		
Effective date if applicable:		
apparame.	(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required	pted by the incorporators without shareholder action and shareholder
Dated	11/20/19
Signature	Douth au
(By a di	rector, president or other officer – if directors or officers have not been
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
approxime	···································
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	+ CPSiden7
•	(Title of person signing)