## P04000/1425

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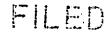
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MITCH MITCH	HELL FINANCIAL SERVICES INC
DOCUMENT NUMBER: P04000011425	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	
WILLIE L MITCHELL	
	Name of Contact Person
MITCH MITCHELL FIN	ANCIAL SERVICES INC
40.40.	Firm/ Company
4010 UNIVERSITY BLV	D W
	Address
JACKSONVILLE, FLORI	IDA 32217
	City/ State and Zip Code
MMITCHELLFL@BELLSOUT	H.NET
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
WILLIE L MITCHELL	at (904 ) 731-7707 EXT 106
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MITCH MITCHELL FINANCIAL SERVICES INC (Name of Corporation as currently filed with the Florida Deprior State) (Document Number of Corporation (if known) (Document Number of Corporation (if known)) P04000011425 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) \_\_\_\_\_, Florida\_\_ New Registered Office Address: (Zip Code) (City) 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 = ChiefExecutive 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)	Title	Name	<u>Addres</u> s
l) Change	VP	KEVIN L MITCHELL	6331 FALBRIDGE CT
X Add			JACKSONVILLE, FL 32258
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
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5) Change	<del></del>		
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visions for imple	ementing the am	hange, reclassific	ation, or cancellat ntained in the ame	on of issued sha ndment itself:	ires,
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visions for imple	ementing the am	change, reclassific	ation, or cancellat	ion of issued sha	ires,

	11/28/2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
•	28/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment of the approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
11/28/2018 Dated		
Signature		
	irector, pesident or the firer - if directors or officers have not be	en
selecte	d, by an incorporator - If in the hands of a receiver, trustee, or other co	
арроіп	ted fiduciary by that fiduciary)	
	WILLIE L MITCGHELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	