## P0400072793

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BULLARD FARM	MS INC.				
	BER: P04000072793					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corre	spondence concerning this ma	itter to the following:				
	AUDREY BULLARD					
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n			
	AUDREY S. BULLARD, C	PA				
Firm/ Company						
	PO BOX 1733					
		Address				
	LAKE CITY, FL 32056					
		City/ State and Zip Cod	e			
audre	eysbullard@aol.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
AUDREY BULLAR	)	at ( 386	755-4050			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	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)			
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

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BULLARD FARMS INC. (Name of Corporation as currently filed with the Florida Dept. of State) P04000072793 (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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	VD	_	CHRIS A. BULLARD	PO BOX 1432
Add				LAKE CITY, FL 32056
Remove				
2) X Change	PSTD	<b>-</b>	AUDREY S. BULLARD	PO BOX 1733
Add				LAKE CITY, FL 32056
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		<del>-</del>		
Add				
Remove				<del></del> -
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter cha (Be specific)	N/A			
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassifi	cation, or cance ontained in the	llation of issue	d shares, elf:	
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The date of each amendment(s) addate this document was signed.	doption:	, if other than the
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	block does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame flicient for approval.	endment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendment	g statement nt(s):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and si	hareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharel	holder
APRIL 11, Dated	2017 Affilia	lau
Signature	W W W	
(By a d selecte	irector, president or other officer – if directors or officers have a d, by an incorporator – if in the hands of a receiver, trustee, or c ted fiduciary by that fiduciary)	
	CHRIS A. BULLARD	
	(Typed or printed name of person signing)	
	DIRECTOR	

(Title of person signing)