3
)

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	—
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only]



06/19/18--01007--007 **35.00



JUN 2 0 2018 C IVICNAIR

COVER LETTER

PC41000013513

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _______

DOCUMENT NUMBER: _

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas S. Gibson

Name of Contact Person

Rish & Gibson, P.A.

Firm/ Company

P.O. Box 39

Address

Port St. Joe, FL 32457

City/ State and Zip Code

tmorgan415@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Cindi Young
 at (
 229-8211

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□\$43.75 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)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



· . · ·			
		Amendment to Incorporation	LIN OF CALL
		of	
MORGAN 46, INC.			5
(<u>Name of C</u>	orporation as curre	ntly filed with the Flor	ida Dept. of State)
	POY	1000073	573 🎽
······································	(Document Number	r of Corporation (if know	wn)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, th	iis Florida Profit Corpo	pration adopts the following amendment(s) t
A. If amending name, enter the new name	of the corporation:		
N/A			The new
"Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRE</u>	;" or the abbreviation pplicable:	N/A	
C. <u>Enter new mailing address, if applicab</u> (Mailing address <u>MAY BE A POST OF</u>)		N/A	
D. <u>If amending the registered agent and/o</u> <u>new registered agent and/or the new re</u> <u>Name of New Registered Agent</u>	gistered office addr		r the name of the
	(Florida	street address)	
	11 107 144	- Jar L C I Lalacar E JJJY	
<u>New Registered Office Address:</u>		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan	ut Destatened Am		

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

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	S	MORGAN, THOMAS J.	362 ARM DR.
Add			WEWAHITCHKA, FL 32465
X Remove			
2) X Change	PSTD	MORGAN, MICHAEL J.	362 ARM DR.
Add			WEWAHITCHKA, FL 32465
Remove			
3) Change		<u> </u>	
Add			
Remove			<u> </u>
4) Change			
Add			. <u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)

N/A

_ - - -

•		
1		
The date of each amendment(s) date this document was signed	December 31, 2017 adoption:, if oth	er than the
D Effective date <u>if applicable</u> :	ecember 31, 2017	
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the I	s block does not meet the applicable statutory filing requirements, this date will not be li Department of State's records.	sted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were :	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group emitted to vote separately on the amendment(s)	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated{		
Signature	Michal Mien	
selecti	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)	
	MICHAEL J. MORGAN	
	(Typed or printed name of person signing)	-

President

(Title of person signing)