## P0400100392

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SECRETARY OF STATE
TALLAHASSEE FL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OMICON HEATIC he					
DOCUMENT NUMBER: 704000100392					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jarah Coodson					
Name of Contact Person					
angrican Henter Inc					
Firm/ Company					
_ 500 table to to					
Address					
Tallaharles Fr 32311					
Tallahan Sae To 32311 City/ State and Zip Code					
SCCOOKSAL @ hot no.1. Con E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jarah (00 due) 11 850, 528 3122					
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:					
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section					

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

American Hunter Inc			60
	of Corporation as curren	tly filed with the Florida Dept. (	of State)
P04000100392			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> ado	pts the following amendment(s) t
A. If amending name, enter the new na	ime of the corporation:		
	- 1 Ju		The new
name must be distinguishable and cond "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporati	ion name must contain the
B. Enter new principal office address, if applicable:	303 Pebble Pointe Ct		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	Tallahassee, FL 32311	
			SEC TA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 14799	LLAHAR BB L
		Tallahassee, FL 32317	PM R:
			E. F. S.
D. If amending the registered agent an new registered agent and/or the new			e of the
Name of New Registered Agent	Sarah Cooksey		·
	ıFlorida :	street address)	
New Registered Office Address:	303 Pebble Pointe Ct. Tallahassee 32311		32311 Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanaina Registered Age	nt·	
I hereby accept the appointment as regist			of the position.
	J. Cook,	,	
	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> <u>J</u>	ohn Doe			
X Remove	<u>V</u> <u>N</u>	Mike Jones			
<u>X</u> Add	<u>SV</u> <u>S</u>	ally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	Thomas Cooksey	3132 Mist Flower Rd		
Add			Tallahassee, FL 32311		
X Remove					
2) X Change	PCFO	Sarah Cooksey	303 Pebble Pointe Ct		
Add			Tallahassee, FL 32311		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
() (I					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Sarah Cooksey will now be the sole owner.
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/A)
Transfer 100% of Shares From Thomas Cooksey to Sarah Cooksey, Sarah Cooksey sole owner.

02/04/2019	
The date of each amendment(s) adoption:	, if other thar
Effective date <u>if applicable</u> :	
(no more the	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the application of State's record document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of direc action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
02/04/2019 Dated	
	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary)
Sarah Cooksey	
(Typed or prin	ted name of person signing)
PCFO	
(1)	itle of person signing)

the

the