04000129069

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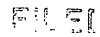
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: BISON LEASING	, INC.	
DOCUMENT NUMBI	ER: P04000129069		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
J	AMES P STEVENS		
		Name of Contact Person	1
L	AW OFFICES OF JAMES	P STEVENS, P A	
_		Firm/ Company	
2	10 EAST FORSYTTH STR		
_		Address	
J	ACKSONVILLE, FL 32202		
_		City/ State and Zip Code	?
Jar	nesStevens@jpslawjav.com		
		sed for future annual report	notification)
	•	•	
For further information	concerning this matter, pleas	se call:	
JAMES P STEVENS		904 at (398-2001
Name of	Contact Person	Area Co) 398-2001 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. L	ng Address dment Section on of Corporations 30x 6327 nassee, FL 32314	Aniend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



BISON LEASING, INC.

2019 MAY 17 PH

(Name of Corporation as currently	filed with the Florida Dept. of State)
P04000129069	
(Document Number of 0	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New_Registered Office Address:	Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. Sistered 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) X Change	P. D	PENLAND, DAVID V. SR.	1414 LINDROSE STREET
Add			JACKSONVILLE, FL. 32206
Remove			
2) X Change	S, T, D	PENLAND, CYNTHIA	1414 LINDROSE STREET
Add			JACKSONVILLE, FL 32206
Remove			
3) X Change	V. D	PENLAND, DAVID V. JR.	1414 LINDROSE STREET
Add			JACKSONVILLE, FL. 32206
Remove			
4) X Change	V, D	PENLAND, THADDEUS	1414 LINDROSE STREET
Add			JACKSONVILLE, FL. 32206
Remove			
5) X Change	V. D	PENLAND, MATTHEW	1414 LINDROSE STREET
Add			JACKSONVILLE, FL. 32206
Remove			
6) X Change	V. D	PENLAND, AARON	1414 LINDROSE STREET
Add			JACKSONVILLE, FL. 32206
Remove			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
<u>-</u>			
			
			
			
f an amendr	nent provides for an exchange, reclassification, or cancellation of issued shares,		
<u>provisions f</u>	or implementing the amendment if not contained in the amendment itself:		
lit not a	pplicable, indicate N/A)		
(g nor u)			
(y min ti)			
(g noi u _j			
(g noi ti			
(g nor ti)			
(g nor u)			
(g nen tij			
(g nor u)			

The date of each amendment(s) adoption this document was signed.	ption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as runent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	···
	(voting group)
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
Dated	-13-19 20 Parles St
selected.	ctor, president or other officer of directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court (fiduciary by that fiduciary)
D	AVID V. PENLAND, SR.
-	(Typed or printed name of person signing)
PĮ	RESIDENT
	(Title of person signing)

the

the