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## I-ILED 2018 JUL 16 PH 1: 35 SECRETARY OF STATE TALLAHASSEE, FLORID,

C GOLDEN JUL 1 9 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>SIUCENTRALINC</u>
DOCUMENT NUMB	ER: <u>POYOO0137565</u>
The enclosed Articles	f Amendment and fee are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	Jeff SweAT
	Name of Contact Person
	SIN CENTRAL INC. Firm/Company
	175 W. BroADWAY ST. Address
	OUICDU FL 37765 City/ State and Zip Code
	Jeff C SIN CENTIAL. COM
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 $\frac{\int cff \, Swear f}{\text{Name of Contact Person}} = at (\frac{407}{\text{Area Code & Daytime Telephone Number}}$ 

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

S35 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 of

FILED

 

 2018\_JUL 16\_PN-1:-36

 (Name of Corporation as currently filed with the Florida Dept. of State)

 SECRETARY OF STATE TALLAHASSEE.FLORIDA

 OF STATE TALLAHASSEE

 STATE TALLAHASSEE

 STATE TALLAHASSEE

 STATE

00:000, +1. 32765

*Corp.*, *me., or Co., or the designation Corp.*, *me, or Co. A professional co.* word "chartered," "professional association," or the abbreviation "P.A."

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

D. <u>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:</u>

Name of New Registered Agent	Jeft Sweat	
-	175 W. Broadway (Florida street address)	
<u>New Registered Office Address:</u>	<u>(City)</u>	, Florida <u>32765</u> (Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. T am familiar with and accept the obligations of the position.* 

gnayling 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 Doc 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 Remove	<u>v</u>	<u>Mike J</u>		
		<u></u>	ones	
<u>X</u> Add	<u>SV</u>	<u>Sally S</u>	mith	
<u>Type of Action</u> (Check One)	<u>Title</u>		Name	<u>Addres</u> s
L) Change ∕ Add		<u></u> V.P.	SMANNON FETHERMAN	175 W. BrOADWAY UUILDO, FI.32765
Remove				
2) Change Add Remove		_		
3 ) Change Add Remove		_		
4) Change Add Remove		-		
5) Change Add		-		
<ul> <li> Remove</li> <li> Change</li> <li> Add</li> <li> Remove</li> </ul>		-		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

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)
(g no appacare, inacare NA)

ate this document was signed.	adoption:7-11-2018	, if other than t
ffective date if applicable:	7-11-2018	
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this ocument's effective date on the I	block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as t
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were :	dopted by the shareholders. The number of votes cast for the amendi sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. <i>The following silter each voting group entitled to vote separately on the amendment(s</i>	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ad action was not required.	dopted by the incorporators without shareholder action and sharehold	der
Dated	7-12-2018	
Signature	Jull 2m	
(By a selevi	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	been r court
	(Typed or printed name of person signing)	
	Ples: De, F	
	(Title of person signing)	

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