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(Re	equestor's Name)	
(Ad	ddress)	-
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	TIAW	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: South Lakeland [Dairy Queen Corp	
DOCUMENT NUM	D06000002019	. 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ryan Emanuel		
		Name of Contact Persor	1
	SLCG Higher Ways Inc		
		Firm/ Company	
	511 Cypress Gardens Blvd	t	
		Address	
	Winter Haven FL 33880		
		City/ State and Zip Code	2
	southlakelanddq@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Ryan Emanuel		at (2892354
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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 Cop) is enclosed)
Am Div P.Ö	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 essee, FL 32303

Articles of Amendment to Articles of Incorporation of

South Lakeland Dairy Queen Corp

(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P05000003018				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the foll	owing amendment(s)		
A. If amending name, enter the new name of the corporation:				
SLCG Higher Ways Inc.		The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co			
B. Enter new principal office address, if applicable:	511 Cypress Gardens Blvd			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Winter Haven FL 33880			
C. Enter new mailing address, if applicable:	544 0 0 0 0 0	202) (r.c.) 2.7		
(Mailing address MAY BE A POST OFFICE BOX)	511 Cypress Gardens Blvd	-0		
	Winter Haven FL 33880			
		2		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address				
Name of New Registered Agent				
(Florida s	treet address)			
New Registered Office Address:	Florida	- C - C - L -		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the posit	ion.		
Signature of New	Registered Agent, if changing			
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change			·	
Add				
Remove Change		_		
Add				
Remove				
4) Change		 -		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

mach adammm	adding additional . Il sheets, if necessar	y). (Be specific)				
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an amendme	it provides for an o	exchange, reclassi	fication, or canc	ellation of issue	d shares,	
provisions for	implementing the	amendment if not	contained in the	amendment its	<u>eit:</u>	
(if not appl	icable, indicate N/A	J				
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The date of each amendment(s date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
12/20/2 Dated Signature	By Eml
seld	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Ryan Emanuel
	(Typed or printed name of person signing)
	Director
	(Title of person signing)