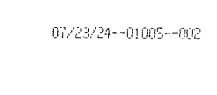
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Office Use Only





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: GREYSTONE LA	AND CO.			
DOCUMENT NUM	BBER: P05000069371				
The enclosed Article	es of Amendment and fee are su	abmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	CHRIS A. BULLARD				
	Name of Contact Person				
	Firm/ Company				
	PO BOX 1733				
	LAKE CITY, FL 32056	Address			
	LAKE CITT, PL 32036	City/ State and Zip Cod	<u>.                                    </u>		
	AUDREYSBULLARD@AC	·	•		
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
CHRIS A. BULLAF	RD.	at ( 386	755-4050		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## Articles of Amendment to Articles of Incorporation

GREYSTONE LAND CO. (Name of Corporation as currently filed with the Florida Dept. of State) P05000069371 (Document Number of Corporation (if known) SECRETAINY OF STATE Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following Emendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: CHRIS A. BULLARD Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> 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.

Example:

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DP	BULLARD, AUDREY'S.	PO BOX 1733
Add			LAKE CITY, FL 32056
X Remove			<del></del> ,
2) X Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
Add			LAKE CITY, FL 32025
${X}$ Remove Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			
4) Change		<del></del>	
Add			
Remove			<del></del>
5) Change		<del></del> -	<del>-</del>
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

(Atta	ending or adding a h <i>additional sheets</i> ,	if necessary).	(Be specific)	Katal Hele	•		
N/A							
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	amendment provid isions for implemen						<u>i.</u>
<u> </u>	if not applicable, in	dicate N/A)	mene n noc	contained in	vac amenar	icii (Iscii.	
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The date of each amendment(s date this document was signed.	) adoption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date in applicable:	(no more than 90 days after amendm	ent file datej
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors wi	thout shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes car sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were must be separately provided,	approved by the shareholders through voting groups.  or each voting group entitled to vote separately on the	The following statement e amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for appr	oval
by		
	(voting group)	<u> </u>
7/11/202 Dated Signature	Marlan	
(By a selec	director, president or other officer – if directors or of ted, by an incorporator – if in the hands of a receiver, inted fiduciary by that fiduciary)	ficers have not been trustee, or other court
	CHRIS A. BULLARD	hellard
	(Typed or printed name of person signif	ng)
	DIRECTOR	
	(Title of person signing)	



August 1, 2024

CHRIS BULLARD PO BOX 1733 LAKE CITY, FL 32056

SUBJECT: GREYSTONE LAND CO.

Ref. Number: P05000069371

We have received your document for GREYSTONE LAND CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

AUG 1 6 2024

Letter Number: 424A00017060

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