## P0500075490

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

•

NAME OF CORPO	ORATION: BRIDLE BROOK	CORP	
DOCUMENT NUM	1BER: P05000075490		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	CHRIS A. BULLARD		
		Name of Contact Person	
		Firm/ Company	
	PO BOX 1733		
		Address	
	LAKE CITY, FL 32056		
		City/ State and Zip Cod	e
	AUDREYSBULLARD@AC	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
CHRIS A. BULLAI	תא	386	755-4050 
Nam	e of Contact Person	Area Co	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)
Aı	ailing Address mendment Section	Amend	Address Iment Section
	vision of Corporations O. Box 6327		n of Corporations entre of Tallahassee
	illahassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BRIDLE BROOK CORP.

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DRIDLE DROOK CORE.			<u> </u>
(Name	of Corporation as currently	v filed with the Florida Dept.of	Or a 1
P05000075490		2024	State) 31.1.15 Millo: 52
1 03/MM/7 3-1 20			
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
Transcrang name, enter the new h	ante or the corporation		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	${\it Corp},$ " "Inc." or " ${\it Co}$ ". A	ompany, "or "incorporated" or the professional corporation name	we abbreviation "Corp., must contain the word
B. Enter new principal office address,	if applicable:		
(Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl			
(Mailing address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent ar			<u>f the</u>
new registered agent and/or the ne		<u> </u>	
Name of New Registered Agent	CHRIS A. BULLARD		
	1910 SW SR 47		
	(Florida stre	oot addroess	<del></del>
		er mar coop	32025
New Registered Office Address:	LAKE CITY		orida
	1	(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	<u>.</u>	
I hereby accept the appointment as regist	tered agent. I am familiar w	vith and accept the obligations of i	the position.
		11/	
	1	DRullan!	
		121/success	
<del></del>	Signature of New Re	rgistered Agent, if changing	
	•		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DVST	BULLARD, AUDREY S.	PO BOX 1733
Add			LAKE CITY, FL 32056
X Remove			
2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
X Add			LAKE CITY, FL 32025
Remove 3) X Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

E. <u>II amendi</u> (Attach <i>add</i>	ng or adding ad litional sheets, i	<mark>dditional Article</mark> if necessary). — (1	s, enter change Be specific)	<u>(S) nere</u> :			
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F. <u>If an ame</u> i	ndment provid	es for an exchan	ge, reclassificat	ion, or cancella	ion of issued shar	res.	
<u>provisior</u> (if no	<u>is for implemei</u> ot applicable, inc	nting the amend	ment it not con	rained in the am	enument itsen:		
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	option:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adopty the shareholders was/were sufficient	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	."·	
,	(voting group)	
7/9/2024 Dated		
Signature	Millard	
(By a dir selected	rector, president or other officer - if directors or officers have not been , by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del>.</del>
(	CHRIS A. BULLARD	
-	(Typed or printed name of person signing)	
;	DIRECTOR	

(Title of person signing)