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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORTH FLORID	A LAND GROUP, INC.			
DOCUMENT NUME	P06000007703				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	AUDREY S. BULLARD				
	1000	Name of Contact Person	n		
	AUDREY S. BULLARD, CPA				
	<u> </u>	Firm/ Company			
	PO BOX 1733	. ,			
	Address				
	LAKE CITY, FL 32056				
	City/ State and Zip Code				
AUD	REYSBULLARD@AOL.CO	oM			
<del>,</del>	=	sed for future annual report	notification)		
For further information	oconcerning this matter, pleas	se call:			
AUDREY S. BULLARD		at (	755-4050		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Amend Divisio Cliftor	Address  dment Section on of Corporations i Building  Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NORTH FLORIDA LAND GROUP, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P06000007703
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:  N/A  The new
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:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
New Registered Office Address:, Florida
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

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: XChange	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	DV	CHRIS A. BULLARD	PO BOX 1432	
Add			LAKE CITY, FL 32056	
Remove				
2) X Change	DPST	AUDREY S. BULLARD	PO BOX 766	
Add			LAKE CITY, FL 32056	
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<del></del>			
Add			<del> </del>	
Remove				

E. <u>If:</u> (At	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
	N/A
-	
:. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, royisions for implementing the amendment if not contained in the amendment itself:
<u> </u>	(if not applicable, indicate N/A)
	N/A
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
SEPTEMI	BB/R 11, 2018	
Dated Signature	Tudy 1. Precard	
Bya	director. president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other cour nted fiduciary by that fiduciary)	
	AUDREY S. BULLARD	
	(Typed or printed name of person signing)	-
	DIRECTOR, PRESIDENT	
	(Title of person signing)	