

PO6000077466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

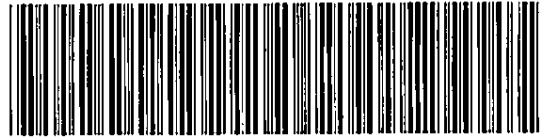
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2025 JAN 10 AM 11:29

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2025 JAN 10 3PM 2017

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv<sup>®</sup>

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corp-help@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/10/2025

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1336691

**ORDER ENTITY**  
SRQ TROLLEY, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
SRQ TROLLEY, INC. ( FL )

File the attached amendment and provide a certificate of status.

**NOTES:**  
\$43.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SRQ TROLLEY, INC.

DOCUMENT NUMBER: P06000077466

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Williamson  
Name of Contact Person

SRQ TROLLEY, INC.  
Firm/ Company

4045 Lisbon Place  
Address

Sarasota, FL 34231  
City/ State and Zip Code

Rachelrich13@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Williamson at ( 941 ) 232-0190  
Name of Contact Person Area Code & Daytime Telephone Number

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

- \$35 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

SRQ TROLLEY, INC.

P06000077466

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

(Document Number of Corporation (if known))

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*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)

4045 Lisbon Place

Sarasota, FL 34231

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

4045 Lisbon Place

Sarasota, FL 34231

**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

Rachel Williamson

4045 Lisbon Place

(Florida street address)

New Registered Office Address:

Sarasota

(City)

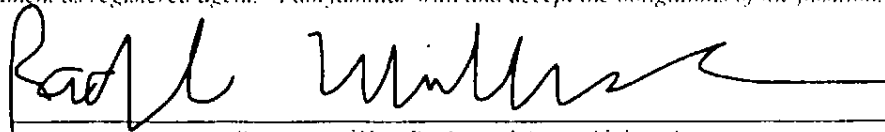
Florida

34231

(Zip Code)

**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**

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:**

Change                      PT        John Doe

Remove                         V         Mike Jones

Add                                SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Taylor Holland</u>	<u>5648 Jason Lee Place Sarasota, FL</u>
<input type="checkbox"/> Add			<u>34233</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Heather Holland</u>	<u>5648 Jason Lee Place Sarasota, FL</u>
<input type="checkbox"/> Add			<u>34233</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PS</u>	<u>Rachel Williamson</u>	<u>4045 Lisbon Place Sarasota, FL</u>
<input checked="" type="checkbox"/> Add			<u>34231</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VT</u>	<u>Corey Williamson</u>	<u>4045 Lisbon Place Sarasota, FL</u>
<input checked="" type="checkbox"/> Add			<u>34231</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



The date of each amendment(s) adoption: \_\_\_\_\_, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated 1-9-25

Signature Rachel Williamson

(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)

RACHEL WILLIAMSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2025 JAN 10 AM 11:29

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