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ECRETARY OF STATE

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	WHITE SPRINGS	LAND & TIMBER, INC.			
DOCUMENT NUMI	P06000127548				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	CHRIS A. BULLARD				
		Name of Contact Person	<del></del>		
		Firm/ Company			
	PO BOX 1733		_		
		Address			
	LAKE CITY, FL 32056				
		City/ State and Zip Code			
	AUDREYSBULLARD@AO				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
CHRIS A. BULLAR	D	at (	755-4050 ) de & Daytime Telephone Number		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 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)		
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

WHITE SPRINGS LAND & TIMBER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P06000127548
(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) 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)
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 August PH  Name of New Registered Agent  Name of New Registered Agent
(Florida street address)
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

Check if applicable  $\Box$  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 = ChiefExecutive 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	<u>Title</u>	<u>Name</u>	Address
(Check One)	DP	BULLARD, AUDREY S.	PO BOX 1733
1) Change Add	-		LAKE CITY, FL 32056
X Remove			
X Change	DPTS	CHRIS A. BULLARD	PO BOX 1733
Add			LAKE CITY, FL 32056
Remove 3) X Change	DV	Elizabeth Bullard McArdle	PO Box 1733
Add			Lake City, FL 32056
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u>.</u>		
Add			
Remove			

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an amendment provides for provisions for implementing (if not applicable, indicate	the amendmen	t <u>if not contain</u>	ed in the amen	ament itseii:		
provisions for implementing	the amendmen	t if not contain	ed in the amen	ament itsett;		
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The date of each amendments date this document was signed.	adoption:, if other than
Effective date <u>if applicable</u> :	
	(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 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/we	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	st for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
Augus Dated	5. 2024
Signature	MA Xulland
(By sel	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)
	Chris A. Bullard
	(Typed or printed name of person signing)
	Director
	(Title of person signing)