P070000 29119

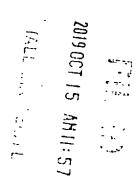
(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MITCHELL PRO	VISIONS, INC.		
DOCUMENT NUMB	ER: P07000029119			
The enclosed Articles o	<i>f Amendment</i> and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
1	NICHOLAS MITCHELL			
- -		Name of Contact Persor	1	
ř	MITCHELL PROVISIONS	INC		
-		Firm/ Company		
	1065 SW 15TH AVE, BLDC	G C, STE 5-6		
_		Address		
1	DELRAY BEACH, FL 3344	4		
~		City/ State and Zip Code		
SUMI	TCH5041@YAHOO.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
SUSAN MITCHELL		631	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)	
	ing Address		Address	
	idment Section	Amendment Section		
	ion of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

MITCHELL PROVISIONS, INC.

(Name of Corporation	on as currently filed with the Fl	orida Dept. of State)	
P07000029119			
(Docum	ent Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following a	mendment(s)
A. If amending name, enter the new name of the co	rporation:		
		T)	le new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the o	" "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
	<u></u>		
C. Parama and Branch Language Standilland		-ir 9	20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO).	X)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2010
		_	7 7
			
		· · >	
			:
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ter the name of the	•
Name of New Registered Agent			
	(Florida street address)		
N. no. Donalet m. of Allina, Chileaner		, Florida	
New Registered Office Address:	<i>(Сиуг</i>	, rionga (Zip Coa	les
	•	·	
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position.	
Signe	ature 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Director	NICHOLAS MITCHELL	4799 N. Classical BIVD.
XAdd			Delray Beach, FL
Remove			33445
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	.	<u> </u>	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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<u> </u>					•	
						
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f an amendment p	provides for an exc	hange, reclassif	ication, or cance	<u>llation of issued sh</u>	ares.	
provisions for imp	plementing the am	endment if not o	contained in the	amendment itself:	•	
(у погарриса	ble, indicate N/A)					
				,		
					-	
						-
					 	
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					·	_
						-

The date of each amendment(s) adoption:	October 1, 2019 October 1, 2019	, if other than the
date this document was signed. Effective date if applicable:	000000	
	(no more than 90 days after amendment file date)	ality days will make by though an about
document's effective date on the Department	s not meet the applicable statutory filing requirements, of State's records.	this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amend or approval.	lment(s)
	the shareholders through voting groups. The following ing group entitled to vote separately on the amendment.	
"The number of votes east for the an	nendment(s) was/were sufficient for approval	
by	voting group)	
ť	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareho	lder
10/11	19	
Dated	Adduo.	
(By a director, pi	resident or other officer – if directors or officers have no	
<u>-</u>	ncorporator $+$ if in the hands of a receiver, trustee, or oth ary by that fiduciary)	er court
tippomed ridder	Susan Mitchell	
	·····	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	