

P08000022574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

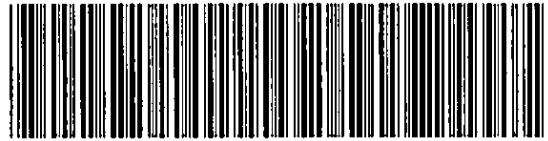
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP -7 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 08 2021

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

7:20 PM '10
21 SEP -7 PH 3:37

April 23, 2021

LAURIANE CICCARELLI
317 S TENNESSEE AVENUE
LAKELAND, FL 33801

SUBJECT: MARIANNA PAWN AND GUN, INC.
Ref. Number: P08000022574

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00008492



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR -7 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FL

March 31, 2021

LAURIANE CICCARELLI
317 S TENNESSEE AVENUE
LAKELAND, FL 33801

SUBJECT: MARIANNA PAWN AND GUN, INC.
Ref. Number: P08000022574

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 321A00006759

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Marianna Pawn and Gun Inc

DOCUMENT NUMBER: P08000022574

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

Please return all correspondence concerning this matter to the following:

Lauriane Ciccarelli
Name of Contact Person
Troiano & Roberts, P.A
Firm/ Company
317 S Tennessee Avenue
Address
Lakeland Florida 33801
City/ State and Zip Code
Lciccarelli@troianolaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauriane Ciccarelli at (863) 686-7136 ext 118
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Marianna Pawn and Gun, Inc.

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

P08000022574

(Document Number of Corporation (if known))

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)

2819 Jackson Bluff Road

Marianna Florida 32446

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

2819 Jackson Bluff Road

Marianna Florida 32446

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 Todd Miles

2819 Jackson Bluff Road

(Florida street address)

New Registered Office Address: Marianna, Florida 32446
(City) (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) (e), F.S.

FILED
2021 SEP -7 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>CDP</u>	<u>Ralph C. Miles</u>	<u>2700 Indian Springs Road</u>
<u> </u> Add			<u>Marianna, Florida 32446</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>VSTRD</u>	<u>Melba B. Miles</u>	<u>2700 Indian Springs Road</u>
<u> </u> Add			<u>Marianna, Florida 32446</u>
<u>X</u> Remove			
3) <u> </u> Change	<u>PSTD</u>	<u>Todd Miles</u>	<u>2819 Jackson Bluff Road</u>
<u>X</u> Add			<u>Marianna, Florida 32446</u>
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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 2/5/21

Signature _____

(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)

Todd A. Miles
(Typed or printed name of person signing)

President
(Title of person signing)