## P08627

| - (Re                     | questor's Name)  | <del></del>     |
|---------------------------|------------------|-----------------|
| . (Ade                    | dress)           |                 |
| (Ad                       | dress)           |                 |
| (Cit                      | y/State/Zip/Phon | ne #)           |
| PICK-UP                   | MAIT             | MAIL            |
| (Bu                       | siness Entity Na | me)             |
| (Do                       | cument Number    | )               |
| Certified Copies          | _ Certificate    | s of Status     |
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## **COVER LETTER**

RECENTED AND TO: Amendment Section Division of Corporations NAME OF CORPORATION: KEETON CORRECTIONS, INC DOCUMENT NUMBER: P08627 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CONNIE KRIEG Name of Contact Person KEETON CORRECTIONS, INC. Firm/ Company 213 HARRISON AVE. Address PANAMA CITY, FL 32401 City/ State and Zip Code busmgr@keetoncorrections.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Connie Krieg at (850 ) 747-8776

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing For ... Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassec Tallahassee, FL 32314 2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

| (Name )   | of Corporation as currently    | y filed with the Flor | ida Dept. of State)                   |                  |         |
|---|--------------------------------|-----------------------|---------------------------------------|------------------|---------|
| P08627  |                                |                       |                                       |                  |         |
|   | (Document Number of            | Corporation (if know  | wn)                                   |                  | -       |
| Pursuant to the provisions of section 607, its Articles of Incorporation:   | 1006, Florida Statutes, this a | Florida Profit Corpo  | ration adopts the follo               | owing amendmen   | H(S) TO |
| A. If amending name, enter the new m  | ame of the corporation:        |                       |                                       |                  |         |
| N/A   |                                |                       |                                       | The new          |         |
| nome must be distinguishable and contain "Inc.," or Co.," or the designation "Containered," "professional association," | Corp. " "Inc. " or "Ca". A     | l professional corpo  |                                       | viation "Corp.," |         |
| B. Enter new principal office address.  | if applicable:                 | N/A                   |                                       |                  |         |
| (Principal office address <u>MUST BE A S</u>  |                                |                       |                                       |                  |         |
|   |                                |                       |                                       | <del></del>      |         |
|   |                                |                       |                                       |                  |         |
| C. Enter new mailing address, if appl   | icable:                        | N// 6                 |                                       |                  |         |
| (Mailing address MAY BE & POST OFFICE BOX)  |                                | N/A                   |                                       | <del></del>      |         |
|   |                                |                       |                                       |                  |         |
|   |                                |                       |                                       |                  |         |
|   |                                | <b></b>               | ,                                     |                  |         |
| D. If amending the registered agent ar  | id/or registered office addi   | ress in Florida, ente | r the name of the                     | •                |         |
| new registered agent and/or the ne  | w registered office address    | <u>:</u>              |                                       |                  |         |
| Name of New Registered Agent  | N/A                            |                       |                                       | <u> </u>         |         |
|   |                                |                       |                                       |                  | t 1 5   |
|   | (0)                            | eet address)          | · · · · · · · · · · · · · · · · · · · |                  | المسا   |
|   | (Floride str                   |                       |                                       |                  |         |
| N 0 : 100 111   | N/A                            |                       | e                                     |                  |         |
| New Registered Office Address:  | N/A                            | (City)                | , Florida                             | (Zip Code)       |         |
| New Registered Office Address:  | N/A                            | (City)                | , Florida                             | (Zip Chide)      |         |
| <u>New Registered Office Address:</u>   | N/A                            | (City)                | , Florida                             | (Zip Code)       |         |
| New Registered Office Address:  New Registered Agent's Signature, if c I hereby accept the appointment as regis         | N/A hanging Registered Agent   | :                     |                                       | (Zip Code)       |         |

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being tiled 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 = 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:                   | 077       | 6                 |                       |
|----------------------------|-----------|-------------------|-----------------------|
| X Change                   | <u>PT</u> | John Doc          |                       |
| X Remove                   | Y         | Mike Jones        |                       |
| <u>X</u> Add               | <u>SV</u> | Sally Smith       |                       |
| Type of Action (Check One) | Title     | <u>Name</u>       | <u>Addres</u> s       |
| !) Change                  | SD        | TIMOTHY S SPENCE  | 2726 TRACY LN         |
| Add                        |           |                   | PANAMA CITY, FL 32405 |
| X Remove                   |           |                   |                       |
| 2) X Change                | PSTD      | KIMBERLY K SPENCE | 2726 TRACY LN         |
| Add                        |           |                   | PANAMA CITY, FL 32405 |
| Remove 3) Change           |           |                   |                       |
| Add                        |           |                   |                       |
| Remove                     |           |                   |                       |
| 4) Change                  |           |                   |                       |
| Add                        |           |                   |                       |
| Remove                     |           |                   |                       |
| 5) Change                  |           |                   |                       |
| Add                        |           |                   |                       |
| Remove                     |           |                   |                       |
| 6) Change                  |           |                   |                       |
| Add                        |           |                   | ·····                 |
| Remove                     |           |                   |                       |

| f an amendment provides for an exchange, reclassification, or cancellation of iss | ued shares,    |
|---|----------------|
| provisions for implementing the amendment if not contained in the amendment       | <u>itself:</u> |
| (if not applicable, indicate N/A)   |                |
|   |                |
|   |                |
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| The date of each amendment(s) adoption:   | , it other than the           |
|---|-------------------------------|
| 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 document's effective date on the Department of State's records.   | date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)  |                               |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.  | ction and shareholder         |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.   | nt(s)                         |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):                            | ment                          |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                               |
| by  |                               |
| by  |                               |
| Signature  Signature  (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary) | n<br>Surt                     |
| KIMBERLY K SPENCE   |                               |
| (Typed or printed name of person signing)   |                               |
| PSTD  |                               |
| (Title of person signing)   |                               |