## P09000082591

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2022 MAR 18 PM 12: 14 SECRETARY OF STAT

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: UNIQUELY I	EQUINE INC
DOCUMENT NUMBER: P09000082591	
The enclosed Articles of Amendment and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
CATHERINE A OSBOR	RN
	Name of Contact Person
Uniquely Equine	
	Firm/ Company
910 N. BROAD ST., LO	T 432
	Address
BROOKSVILLE	
	City/ State and Zip Code
cathy@uniquelyequinc.c	om
· · · · · · · · · · · · · · · · · · ·	be used for future annual report notification)
For further information concerning this matter,	please call:
CATHERINE OSBORN	at ( 352 ) 232-1645  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

FILED

UNIQUELY EQUINE INC 2022 MAR 18 PM 12: 14 (Name of Corporation as currently filed with the Florida Dept, of State) SECRETARY OF STATE PO9 000082591 TALLAHASSEE FL (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: OSBORN UNLIMITED INC. 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." 910 N. BROAD ST. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LOT 432 BROOKSVILLE, FL 34601 C. Enter new mailing address, if applicable: 910 N. BROAD ST. (Mailing address MAY BE A POST OFFICE BOX) LOT 432 BROOKSVILLE, FL 34601 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 (Florida street address) New Registered Office Address: , Florida (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

<sup>☐</sup> 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 = 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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change				<del></del>
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n amendment provides for an exchan ovisions for implementing the amend	<u>ge, reciassification</u> nept if not contail	i, or cancenau ied in the ame	on of issued si nament itself:	nares,	
(if not applicable, indicate N/A)	114114 11 11/14 11/14/14	Ted III (III WILL	adment tesem.	<u>-</u>	
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	2/10/2022	
The date of each amendment(s	) adoption:	, if other than th
date this document was signed.		
2	/10/2022	
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	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
must he separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s): ast for the amendment(s) was/were sufficient for approval	'ement
	,	
by	(voting group)	
2/10/202 Dated	2	
Signature(By a selec	director, president or other officer – if directors or officers have not be eted, by an incorporator – if in the hands of a receiver, trustee, or other existed fiduciary by that fiduciary)	
	CATHERINE A. OSBORN	
	(Typed or printed name of person signing)	
	OWNER/PRESIDENT/SOLE SHAREHOLDER	
	(Title of person signing)	