P10000012167

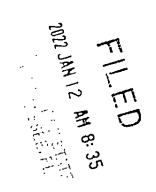
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C. BRUMBLEY FEB - 1 2022

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Oxford Business Services, Inc DOCUMENT NUMBER: P10000012167 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Dustin Rollins** Name of Contact Person Oxford Business Services, Inc. Firm/ Company 1742 S Woodland Blvd, #192 Address DeLand, FL 32720 City/ State and Zip Code dusty@dustyrollins.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (4074378871 Area Code & Daytime Telephone Number **Dustin Rollins** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of C			
	orporation as curr	rently filed with the Florida Dept. o	of State)
P10000012167			
	(Document Numb	oer of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	96, Florida Statutes.	this Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation	<u>n:</u>	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Cor, "chartered," "professional association," or	o," "Inc," or "Co"	". A professional corporation nan	the abbreviation "Corp.,"
B. Enter new principal office address, if a	pplicable:	115 S Sheridan Ave	2
(Principal office address MUST BE A STREET ADDRESS)		DeLand, FL 32720	E T
			三三一
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1742 S Woodland Blvd, #19	
		DeLand, FL 32720	8: 35 FF 35
			i en Ti
D. If amending the registered agent and/o new registered agent and/or the new r			of the
	ustin Rollins		
17	42 S Woodland Biv	d. #192	
-	(Floria	da street address)	
New Registered Office Address:	Land		Florida
		(City)	(Zip Code)

Check if applicable

☐ 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)

Example:

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.

X.Change	<u>PT</u> <u>Joh</u>	<u>n Doc</u>	
X Remove	<u>V</u> <u>Mil</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
T) Change	P	Arin Rollins	905 Moreland Ave
Add Remove			Atlanta, GA 30316
2) Change	VP	Dustin Rollins	905 Moreland Ave
Add			Atlanta, GA 30316
Remove 3) Change	<u>P</u>	Dustin Rollins	1742 S Woodland Blvd #192
X Add Remove 4) Change			DeLand, Ft. 32720
, _ Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addition</i>	adding additional Articles of sheets, if necessary). (h	Be specific)			
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f an amendme	nt provides for an exchang	ge, reclassification	, or cancellation	of issued shares,	
(if not and	implementing the amenda licable, indicate N/A)	nent ii not contair	iea in the amenai	ment usen:	
(i) hin cipy	name, maname imm				
			·		
					
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	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 document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	eent(s)
	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
December Dated	30, 2021	
Signature (Bur	Diestri Pollen director, president or other officer - if directors or officers have not b	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	Dustin Rollins	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	.