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PECRETARY OF STATE

COVER LETTER

Division of Corporations	-	
NAME OF CORPORATION:	Cattle Comp	prod
DOCUMENT NUMBER: Ploopo	31990	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Vicki -	TMyess Name of Contact Person	
·	Name of Contact Person	
	Firm/ Company	
タタタ8 月	Stage coace	(TF)
	Address	
Inven	ess FL 3	5445.9
	City/ State and Zip Code	
Vickimus	012 @ 67 and	than com
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Name of Grantet Person	at (352	<u>, 585-3551</u>
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amend Division The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment

to

Articles of Incorporation

FILED

A 0 0 -	Cottle Commonteres 22 PM 4: 34	
	//// FCD ZZ 10 7 2	
·	Corporation as currently filed with the Florida Dept. of State)	
PIG	COCO 031220 SECRETARY OF STATE	
	(Document Number of Corporation (it known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amen	dment(s) to
A. If amending name, enter the new nan	me of the corporation:	
	The	new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co. "chartered," "professional association," o	the word "corporation," "company," or "incorporated" or the abbreviation "Coorpor," "Inc," or "Co". A professional corporation name must contain the vor the abbreviation "P.A."	rp.," vord
B. Enter new principal office address, if (Principal office address MUST BE A STI		_
	REET ADDRESS)	
'		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST O		<u> </u>
D. If amending the registered agent and new registered agent and/or the new	l/or registered office address in Florida, enter the name of the	
Name of New Registered Agent	Sancka K Myers (VPD) 3238 E Stage Coach Trl (Florida street address)	
	2228 E Sturecoach Trl	
_	(Florida street address)	
New Registered Office Address:	Inverness, Florida 3445	<u> </u>
	(City) (Zip Code)	
l		
New Registered Agent's Signature, if cha I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obligations of the position.	
<u>S</u> ,	Signature of New Hogistered Agent, if changing	
•	Signature of New Degistered Agent, if changing	
Check if applicable		

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Office (Attach additional she Please note the officer P = President; V = V Executive Officer; CF President, Treasurer, Changes should be no	cer and/or Directo pets, if necessary) r/director title by the ice President; T= T O = Chief Financia Director would be oted in the following leaves the corpora	r being added: The first letter of the office title: Treasurer; S= Secretary; D= Director; TR= al Officer. If an officer/director holds more the PTD. If manner, Currently John Doe is listed as the attion, Sally Smith is named the V and S. These th, SV as an Add.	Trustee; C = Chairman or Clerk; CEO = Chief oan one title, list the first letter of each office held. e PST and Mike Jones is listed as the V. There is e should be noted as John Doc, PT as a Change,
_	<u> </u>		
X Remove		: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>' Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>197</u>	Lois M Cason	2228 EStagecopenTrl
 Add			INGRESSFL
X Remove			34452
2) K Change	16P	Sandra K Myers	2228 E. Stone Coach Tr
X Add		- 1000	Invoress FU
Remove			34452
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ac	ling or adding additional A lditional sheets, if necessary). (Be specific)		
-		 		
				<u> </u>
			·	
		<u> </u>		
	 	<u> </u>		
		.		<u> </u>
				
<u>f an ame</u> brovisio	endment provides for an exons for implementing the a	change, reclassification, o	or cancellation of issued shad in the amendment itself:	ares.
(if n	not applicable, indicate N/A)	rendment in not contained	THE CHIEF CONTENT OF THE PARTY	
				
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The date of each amendment(s) adoption: O D - 19 - 20 2 if other the date this document was signed.	an 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 date will not be document's effective date on the Department of State's records.	as the
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 Cason Cattle Company	
(voting group)	
Dated 02 119/2021	
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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	