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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Sam Schuyler De	esings, Inc.	
DOCUMENT NUMB	ER: <u>P10000070905</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Sam N. Schuyler		
-		Name of Contact Person	n
-	2 Count Fleet Drive	Firm/ Company	<u> </u>
-	Ocala, FL 34482	Address	1,
-		City/ State and Zip Cod	e
sam	nschuyler@gmail.com		
	E-mail address: (to be used for future annua	l report notification)
For further information	concerning this matter, pleas	se call;	
Sam N. Schuyler		352 at (361-1783
Name o	f Contact Person	Area Co)de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

Sam Schuyler Desgins, Inc.

2019 E 18 PM 3: 03

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P10000070905	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $c\epsilon$ Incorporation:	prporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "Corp" "Inc" or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et 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 Signature of New Registered Age	

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DPS	Samuel Schuyler	1800 NW 10th Street, Bldg. 200
	<u> </u>		Ocala, FL 34475
XX Add Remove			
2) Change	RA	Samuel Schuyler	1800 NW 10th Street, Bldg. 200
			Ocala, FL 34475
XX Remove			
3) Change			NA CONTRACTOR OF THE CONTRACTO
Add			
Remove			
4) Change			···
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

G. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Effective October 10, 2019, Samuel Schuyler resgined as President, Director and Secretary of.		
 Sam	Schuyler Designs, Inc. Sam Schuyler Desgins, Inc. was sold to a new owner.	
_		
	 	
. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:	
-	(if not applicable, indicate N/A)	
		

The date of each amendment		, if other than the
date this document was signed	October 10, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated No Signature	ovember 14, 2019	
(1 so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	Samuel Schuyler	
	(Typed or printed name of person signing)	
	DPS and RA	
	(Title of person signing)	

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