P1000083579

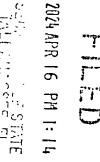
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04/16/24--01006--002 **35.00



7/13

COVER LETTER

Division of Corporations Christopher Schipper INC. NAME OF CORPORATION: 10000083579 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Schipper
Name of Contact Person Christopher Schipper INC: 4590 - 43 M Street South

Address

St. Peters burg Florida 33711

City/ State and Zip Code Chrisschipperine @ gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICHOLAS MrdaL5

Name of Contact Person at (727) 458 -6558 Area Code & Davtime Telephone Number 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 Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Christopher	- Schipper	INC	7 []	E 54
(Name of Corpor	ation as currently file	d with the Florida L	ept. of State)	
	00 83579		2024 APR 16	-Ph 1: 14
(Doc	cument Number of Corp	ooration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florid</i>	da Profit Corporatio	n adopts the follo	wing an entiment(s) to
A. If amending name, enter the new name of the	e corporation:	1170.		
		10/15		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the ab	ic," or "Co". A proj			
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		N/I		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	NA		
D. If amending the registered agent and/or registered agent and/or the new register		n Florida, enter the	name of the	
Name of New Registered Agent				
		NA		
	(Florida street ad	dress)		
New Registered Office Address:	(City)		Florida	tip Code)
	,,			,
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		nd accept the obligat	tions of the position	on.
	gnature of New Registe	V/A		
Si	gnature of New Registe	red Agent, if changir	ıg	

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Nicholas MRdaLj	4590-43rd Street S
_ X Add			St. Pete FL 33711
Remove			
2) Change	<u></u>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

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<u>n amendment pro</u>	ovides for an excha	inge, reclassificat	tion, or cancella	tion of issued sha	ires,
ovisions for imple	menting the amen	<u>dment if not con</u>	tained in the am	endment itself:	
(if not applicable	2, indicate iNA) IAA - i	/ 4			
	W/	A			
					
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	, if other the
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	'no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed tate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the ir action was not required.	corporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	proval.
	shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by(votin	
(votin	g group)
Dated 04-10-24 Signature OMM	<u>1</u>
(By a director, presid	ent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
	hristopher J. Schipper yped or printed name of person signing)
	President.
	itle of person signing)
(T	tle of person signing)

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