## P110000 54239

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## COVER PETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAXWELL GROVE HOLDINGS INC.				
NAME OF CORPORATION: MAXWELL GROVE HOLDINGS INC.  DOCUMENT NUMBER: P 11 000054239				
The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
Firm/ Company				
607 E CIRCLE ST.				
AVON PARK PL 33825  City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee  Certificate of Status  (Additional copy is checked)  Certificate of Status  Certified Copy  (Additional Copy is checked)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

## Articles of Amendment to Articles of Incorporation of

## (Name of Corporation as currently filed with the Florida Dept. of State)

F11000054239

(Document Number of	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The new company, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the Bord Told Told Told Told Told Told Told Tol
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Wili AM  (Florida street)	S MAXWELL  RCE ST.
New Registered Office Address: AYUN PARY	City) Florida 33825 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with the second s	

William & Walvell
Signature of New Registered Agent, if changing have

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)

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P ANKUR PATEL	450 SOLD DIXIE HWY
Add Remove	•	STE 8 JUPITER FL 3.3458
2) Change	S AVAN: PATEL	450 S OLD DIXIE HWY
Add Remove 3) Change Add	P WILLIAM S MAXWELL	JUDITER, PL 33458  607 E. CIRCLE ST.  AVON PARK, FL 33825
Remove 4) Change Add		AVON PARK, FZ 33825
Remove 5) Change Add		
Remove 6) Change Add Remove		

lf amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(9 1101 244 241 241 241 241 241 241 241 241 24	
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The date of each amendment(s) 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 block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed 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 slaction was not required.	hareholder
☐ 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 east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
Dated 2/17/2020 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)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	