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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Maxwell Grove Holdings, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria M. Delara Name of Contact Person Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria M. Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee □\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status

Certified Copy

(Additional copy is enclosed)

Mailing Address

TO: Amendment Section

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

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Certified Copy

(Additional Copy is enclosed)

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

	•
Maxwell Grove Holdings, Inc.	· ·
(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>
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(Document Number of Corporation (if known)	ران

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		Corporation (if known)	.2/
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation ac	lopts the following amendmen
A. If amending name, enter the new nar	ne of the corporation:		701
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	$pp, \ \ "Inc, " \ or \ "Co", A$	ompany," or "incorporated" professional corporation n	The new or the abbreviation "Corp.," ame must contain the word
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>			
C. Enter new mailing address, if applie (Mailing address <u>MAY BE A POST O</u>		P.O. Box 412 Frostproof, F	1 226/12
D. If amending the registered agent and new registered agent and/or the new			ne of the
Name of New Registered Agent	Maria M.	Delara	<del></del>
-	607 E. Circ	eet address)	
New Registered Office Address:	Avon Park	(City)	, Florida <u>33825</u> (Zip Coder
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent red agent. I am familiar v	t with and accept the obligation	es of the position.
Mar	Signature of New R	egistered Agent, if changing	

Check if applicable

 $\square$  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, an 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 = Chie 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 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>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>P</u>	William S. Maxwell	607 E. Circle St.
Add			Avon Park, F1 33825
X Remove			
2) Change	<u>PS</u>	Maria M. Delara	P.O. Box 412
_X_ Add			Frostproof, F1.33843
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sl	ling additional Arti leets, if necessary).	(Be specific)			
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lf an amondment :	aravides far un excl	hange reclassifics	ution or cancellat	ion of issued shar	es.
provisions for im	provides for an exclude plementing the amount of the provided ble, indicate N/A)	endment if not cor	ntained in the am	endment itself:	<del></del>
(if not applica	ble, indicate N/A)				
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	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	rfile date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHEÇK ONE</u> )	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east ficient for approval.	for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. $T$ each voting group entitled to vote separately on the	he jollowing statement amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approve	ral
by		" 
	(voting group)	
Dated	. 2 · 20	
Signature		
(By a d	rector, president or other officer – if directors or off l, by an incorporator – if in the hands of a receiver, t ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing	William S. Maxwell
	President	
	(Title of person signing)	