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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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 enclosed) (Additional Copy

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

is enclosed)

### Articles of Amendment

13 SEP 18 AM 10: 49

•	Articles of Inco	rporation		14110-49
Contal pot solo	of		SECRETARY TALLAHASER	STATE
MINION CATTAIN	1100	1) 5	- 10 May 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C. PLORIDA
Name of Corporation as currently	filed with the Flo	orida Dept. of State)		
P1200000612() /				
(Document Number o	f Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	la Statutes, this <b>F</b>	lorida Profit Corporation a	dopts the following as	mendment(s) to
A. If amending name, enter the new name of the c	orporation:			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "C	Co". A professional corpor	orated" or the abbr	e new eviation tain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS)		23 Sonsmith Crawfordville	<u>cin</u> F1 3232	フ
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO	<u>0X</u> )			
D. If amending the registered agent and/or registered new registered agent and/or the new registered			me of the	
Name of New Registered Agent		····	-	
<del></del>	(Florida stre	et address)	-	
W D 1 1 1000 111		Th. 11		
New Registered Office Address:	(City)	, Florida	(Zip Code)	
	(City)		(ap code)	
New Registered Agent's Signature, if changing Re				
men negisterea agent s Signature, it enanging Re	PISTELEU A GENT:			

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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.

Example: X Change	PT John Doe
X Remove	V Mike Jones
X Add	SV Sally Smith
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Address</u>
1) Change	C William JoneS 530 Copperwood Rd.
X Add	Crawfordville F1.3232
Remove	
2) Change	C Jason Leeflon Earls 529 Copperwood Rd.
Remove	
3) Change	
Add	· ·
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	
Remove	
6) Change	
Add	·
Remove	

	ditional sheets.	s, if necessary).	cles, enter chang (Be specific)	e(s) nere:		
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provisio	<u>ns for implem</u>	ides for an exch	ange, reclassification	ntained in the an	endment itself:	<u> </u>
provisio	endment provi ns for implem or applicable, i	enting the ame	ange, reclassification	ntained in the an	endment itself:	<u> </u>
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provisio	<u>ns for implem</u>	enting the ame	ange, reclassifica	ntained in the an	nendment itself:	

The date of each amendment(s) ad	loption: 4-18-125
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were sufficiently.	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement 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	(voting group)
	(voing group)
☐ The amendment(s) was/were ado agtion was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	3-13
Signature	LSN
	rector prestient or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ed fiduciary by that fiduciary)
	Harov Shefford
	(Typed or printed name of person signing)
	Hesider
	(Title of person signing)