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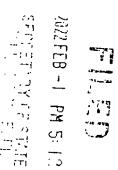
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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

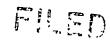
Division of Corporations NAME OF CORPORATION: ____ Trophy Creek Outfitters and Pawn Co DOCUMENT NUMBER: P12000092539 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James T Surles III Name of Contact Person Trophy Creek Outfitters and Pawn Co Firm/ Company 165 W Walnut Street Address Monticello, FL 32344 City/ State and Zip Code Trophycreek@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 997- 4868
Area Code & Daytime Telephone Number James T Surles III Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ■S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



Trophy Creek Outfitters and Pawn Co.

2022 FEB - 1 PM 5- 10

Trophy Creek Outritiers and rawn Co.	1962 LEB - 1 PH 5: 10
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000092539	THE STATE OF THE S
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
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 <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 addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	. Florida
(1)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Charle if and live his	
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.

Example: 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>S</u>	Tricia Platt	551 NW Radford Denson Road
Add			Greenville, FL 32331
X Remove			
2) Change	AR	Tricia C Platt	551 NW Radford Denson Road
<u>X</u> Add			Greenville, FL 32331
Remove 3) Change	VP	James T Surles Jr	250 S Jefferson Street
Add			Monticello, FL 32344
x Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

(A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
•	
•	
F. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

•

•	December 31, 2021	
The date of each amendment(s) adopt date this document was signed.	ion:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date,)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requiremen ment of State's records.	ts, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the ament for approval.	endment(s)
	ed by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	·	
•	(voting group)	
January 28, 202 Dated		
Signature		
(By a director selected, by	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or duciary by that fiduciary)	
Jam	es T Surles III	
	(Typed or printed name of person signing)	
Pres	ident	
	(Title of person signing)	

the

the