

5/25/2021

Division of Corporations

P13000072840

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6388

From:

Account Name : FLORIDA TAX & ACCOUNTING SERVICES, INC.
Account Number : I20130000078
Phone : (305)235-9292
Fax Number : (305)328-9359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
LINCOLN 220 CORP.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

LINCOLN 220 CORP.

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

P13000072890

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

9245 SW 157 STREET SUITE 210

PALMETTO BAY, FL 33157

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

9245 SW 157 STREET SUITE 210

PALMETTO BAY, FL 33157

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:Name of New Registered Agent

DIANE M ANNESSER

9245 SW 157 STREET SUITE 210

(Florida street address)

New Registered Office Address:

PALMETTO BAY

(City)

Florida 33157

(Zip Code)

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 25 PM 3:27

FILED

New Registered Agent's Signature, if changing Registered Agent:

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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>HENRY W JOHNSON</u>	<u>2900 UNIVERSITY DRIVE</u>
<input type="checkbox"/> Add			<u>STE 42</u>
<input checked="" type="checkbox"/> Remove			<u>CORAL SPRINGS, FL 33065</u>
2) <input type="checkbox"/> Change	<u>PSD</u>	<u>CLAUDE BONDI</u>	<u>24 LE PAS DE LOUP B-6791</u>
<input checked="" type="checkbox"/> Add			<u>ATHUS, BELGIUM</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>DIANE M ANNESSER</u>	<u>9245 SW 157 STREET STE 210</u>
<input checked="" type="checkbox"/> Add			<u>PALMETTO BAY, FL 33157</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

MAY 22, 2021
Dated _____

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)

CLAUDE BONDI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2021 MAY 25 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA