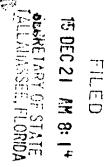
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(5)		
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800280260628

12/21/15--01055--018 \*\*43.75





## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: HSh	ley Pollard Inc
DOCUMENT NUMBER:	14000073039
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
<i>F</i>	15N ley Pollard Name of Contact Person
Aan	ley Pollard Inc. Firm/Company
404 K	Address
St. Augus	Stine, FL 30080 City/ State and Zip Code
E-mail address: (to	d 1 000 @ amail · com be used for future annual report notification)
For further information concerning this matter,	please call:
ASNICY POLICY C Name of Contact Person	at ( 904 ) 755-4572  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
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

## **Articles of Amendment** to

		Articles of Incorporation
4		of
Ashleu Pollard	Inco	
	(Name of Corpo	oration as currently filed with the Florida Dept. of State)
P146007	3039	
		37 1 60

(Name of Corporation	as currently filed with the Florida De	ot. of State)
P140073039		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	statutes, this Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new name of the cor	ooration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
		ू अप १ <b>अ</b> भ
	<del></del>	
C. Enter new mailing address, if applicable:		DEC
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
D. If amending the registered agent and/or registere		me of the
new registered agent and/or the new registered of	fice address:	***
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent	
I hereby accept the appointment as registered agent. I		ns of the position.
Ciman	ura of New Pagistarad Agant if changing	

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	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>T</u>	Leigh Ann bones	8807 Feildside Dr.S. Jacksonville, Fl 32244 *Just officer Hot Shareholder
2) Change Add Remove	<u>S:</u>	Hoyle Pollard	490/Sunbeam Rd #1012 Jacksonville, Fl 32257 * Just anoffice (
3 ) Change Add Remove	<del></del>		ACCORDED TO SOME CHOICE HOLDER
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(Attach additional sheets, if necessary). (Be specific)
10000000000000000000000000000000000000
The only two Shareholders of Ashley Pollard Inc. is
Honley Pollard, President 80% and Earl Goode -20%
Vice President. hayle Pollard is See and Keeps
up with inventory and Leigh Jones is Treasurer and
heeps the books. Daglas Vansant is common secr.
and the he is available for consultation and works
Os needed only.
0
F. If 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)

The date of each amendment(s) adoption: date this document was signed.	8-15-15	, if other than the
Effective date if applicable:		
istrective date <u>it applicable</u> .	(no more than 90 days after amendment file	date)
<b>Note:</b> If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing require t of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes east for th for approval.	e amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vo	y the shareholders through voting groups. The fol ting group entitled to vote separately on the amen	lowing statement adment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and s	shareholder
Dated 12 - 9-15	,	
Signature Shiller	Zoll	
(By a director/	resident or other officer - if directors or officers	
	incorporator – if in the hands of a receiver, trusted transfer that fiduciary)	e, or other court
appointed fiduc		
<u>ASI</u>	nley follord	
2	(Typed or printed name of person signing)	
$\mathcal{H}$	eside At	

(Title of person signing)