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COVER LETTER

TO: Amendment Section Division of Corporations
T. 6 2 () 1
NAME OF CORPORATION: MILE & MICE
DOCUMENT NUMBER: <u>71500000073</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Ray Fitzcerall
Name/of Contact Person Name/of Contact Person Litzard Statz (u.c.
4539 Cambridge M.
talksaville, fl 32210
City/ State and Zip Code LTV (LO a L + - N e + E-mail address: (to be used for future annual report notification)
5 man address: (to be used for facule annual report normeution)
For further information concerning this matter, please call:
Name of Contact Person at (904) 388-3224 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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•	/ Articles of Inco	rporation	
Fitz an	d Stort	2, Juc.	
(Name of	Corporation as currently	filed with the Florida Dept. of State)	
PI	<0000000	73	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 as Articles of Incorporation:	006, Florida Statutes, this F	Clorida Profit Corporation adopts the following ame	endment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
mame must he distinguishable and contain to "Inc.," or Co.," or the designation "Co "chartered," "professional association," or B. Enter new principal office address, if	rp," "Inc," or "Co". A or the abbreviation "P.A,"	MEDIA (we: The ompany," or "incorporated" or the abbreviation "Coprofessional corporation name must contain the	new orp.," word
(Principal office address MUST BE A ST	REET ADDRESS)	Jacksonville, Fr. 3220	
(Mailing address <u>MAY BE A POST O</u>		Same an above	2020 HAY
 If amending the registered agent and new registered agent and/or the new 		ess in Florida, enter the name of the	1
Name of New Registered Agent	Same		ω
			HH .
-	(Florida stree	et address)	9: -
New Registered Office Address:	fi	, Florida	ω —
New Registered Agent's Signature, if chi hereby accept the appointment as register	inging Registered Agent:	ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent, if changing	

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

\underline{X} Remove \underline{V} Mike Jones	
X Add SV Sally Smith	
Type of Action Title Name (Check One)	<u>Addres</u> s
1)Change VP councth 5-50	From Mannesa Lacksonville, FL
Add Remove	Fracksonville, +2 32244
2)Change VP Stephen L. W	
Add Remove 11 / n C./	facksaville, FZ
3) Change P Wichael D. Fif-	yeral 4539 Cambridge ld
Remove	tacksaville F2
4) Change	37210
Add Remove	
5) Change	
Add	
Remove	
6) Change	
Add Remove	

Attach <i>addii</i>	tional sheets, if necessary,	l. (Be specific)			
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an amend	dment provides for an ex for implementing the an	change, reclassifica	ation, or cancella	tion of issued shar	es.
(if not	applicable, indicate N/A)	activities to the co-	Manied III (III III)	chamen Kacir.	
		1/6		t-11- 3	
		N/a	· 		
	<i>M</i>				
					
			 .		

date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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)
Dated 5/5/20
Signature _ Wortz (wild
(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)
(Typed or printed name of person signing)
$\mathcal{D}_{i,j}$
(Title of person signing)