PI5000003843

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Sheridan Clearing	Corporation		
DOCUMENT NUM	BER: P15000003843			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Jirawan Chanrit			
		Name of Contact Person	1	
		Firm/ Company		
	P.O. Box 2439			
		Address		
	Lake Arrowhead California 9	2352		
	City/ State and Zip Code			
	j_chanrit@hotmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Jirawan Chanrit		949 at (482-9009	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2021 HAP 17 AM 11:29

Sheridan Clearing Corporation

(Name of Corporation as current	tly filed with the Florida Dept. of State)		
P15000003843			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
Caladan Books, Inc.	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.4	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	28468 Fresh Spring Lane		
(Principal office address MUST BE A STREET ADDRESS)	Lake Arrowhead CA 92352		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 2439		
	Lake Arrowhead CA 92352		
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address			
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	it: with and accept the obligations of the position		
тистету ассерстве аруготитет из тедіям тей адет, тат затта	with and accept the configurous 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: <u>X</u> Change	<u>PT</u>	John Doe	
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>	<u>Addres</u> s
1) Change	PTSD	Jehu Hand	34145 Pacific Coast Highway
Add			Dana Point CA 92629
X Remove			
2) Change	PTSD	Jirawan Chanrit	P. O. Box 2439
X Add			Lake Arrowhead CA 92352
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(. (Be specific)			
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f an amendment provides for an exc	change, reclassificat	<u>ion, or cancellat</u>	<u>tion of issued shar</u>	res,
provisions for implementing the am	<u>iendment if not cont</u>	ained in the am	endment itself:	
(if not applicable, indicate N/A)				
				<u> </u>
			_ .	
				
				
				

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
must be separately provided fo	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
March 8, Dated	2021	
Signature	Tw-	
selec	director, president or other officer – if directors or officers have reted, by an incorporator – if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	
	Jirawan Chanrit	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	