P15000019029

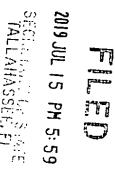
(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: THGR, Inc.					
DOCUMENT NUMBE	R: P15000019029		-30			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
		Amanda-Jennifer Corda	no			
_		Name of Contact Person	n			
_		Firm/ Company				
	6812 Linford Ln					
		Address				
_		Jacksonville, Fl. 32217				
		City/ State and Zip Cod	e			
	amanda@bludoggroup E-mail address: (to be us	.com sed for future annual report	notification)			
For further information c	oncerning this matter, pleas	se call:				
Amanda-Jennifer Cor		at (<u>727</u>				
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of	Corporation as currently	filed with the Florida Dept. of State)	 I			
	(Document Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corporation adopts the fo	ollowing an	nendme	int(s) to	
A. If amending name, enter the new nam	ne of the corporation:		77.			
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp." "Inc." or "C	o". A professional corporation name		viation	1	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		609 11th Avenue South				
		St. Petersburg, FL 33701				
		609 11th Avenue South St. Petersburg, FL 33701	SECRE:	2019 1		
D. If amending the registered agent and new registered agent and/or the new		ss in Florida, enter the name of the	ASSEE	5 PM		
Name of New Registered Agent	Robert Schaefer		T1 ;	ત્ર ત્યં	Teres!	
-	609 11th Avenue South (Florida stree	a addresses		9		
New Registered Office Address:	St. Petersburg	Florida	33701			
		Tity)	(Zip Code	y		
New Registered Agent's Signature it cha I hereby accept the appointment is register		th and accept the obligations of the po.	sition.			

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)

Remove

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 Doe X Remove <u>V</u> Mike Jones X Add<u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) S 1) ____ Change Amanda-Jennifer Cordano 6812 Linford Ln Jacksonville, FL 32217 ____ Add X Remove Theodore J. Cordano 6812 Linford Ln 2) ____ Change ____ Add Jacksonville, FL 32217 X_ Remove 609 11th Avenue South Robert Schaeter 3) ____ Change X AddSt. Petersburg, FL 33701 __ Remove 4) ____ Change ___ Add Remove 5) ____ Change Add Remove 6) ____ Change __ Add

	sheets, if necessary).	(Be specific)				
						
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						-
		_		 :		
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		<u> </u>				
orovisions for in (if not applie	provides for an exchaplementing the ame able, indicate N/A)	hange, reclassifi endment if not c	cation, or cancel ontained in the a	lation of issued s mendment itself:	<u>hares.</u>	
N/A	 .					
	 - · · · · · · · · · · · · · · · · ·					
		71				

The date of each amendment(s) adoption: _	June 27, 2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block does document's effective date on the Department o		equirements, this date will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		For the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the amo	endment(s) was/were sufficient for approve	nl
by		_,"
(ve	oting group)	_
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder ac	ation and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action	and shareholder
DatedJune 27, 2019		
Signature Man	dr A. Codena	
(By a director, pre selected, by an inc	sident prother officer – if directors or officerporator – if in the hands of a receiver, to be that fiduciary)	
	Amanda-Jennifer Cordano	
- 111	(Typed or printed name of person signing	()
	Secretary	
	(Title of person signing)	