P15 000019590

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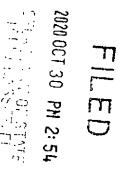




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08/24/20--01033--031 **25.00

10/27/20--01016--018 **10.00



W. 102 300

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Avenue Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **४** \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (remaining balance - see Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) enclosed letter is enclosed) from State) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

hevin Craig Howard,	P. A. tly filed with the Florida Dept. of State)
P15000019590	try incu with the riotion pept. of state
	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:	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.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5138 Medoras Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	St Augustine, FL 32080
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5138 Medoras Avenue
	St. Augustine, FL 32080
	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	30
•	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
•	
0	<u> </u>
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 Officer	s and/o	Directors, enter the title and name of e	ach officer/d	irector being removed and title, name, and
address of each Officer			• .	
(Attach additional sheets			4	
		tle by the first letter of the office title:	oton TD- Tm	estro: C = Chairman or Clork: CFO = Chief
			r of the office title: S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief If an officer/director holds more than one title, list the first letter of each office held. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is Smith is named the V and S. These should be noted as John Doe, PTas a Change, 1 Add.	
President, Treasurer, Dir				29
			nd S. These sh	ould be noted as John Doe, PRas a Change,
Mike Jones, V as Remove Example:	, ana sa	uy Smun, Sv as an Aaa		
X Change	PT	John Doe		
				2 2
X Remove	. <u>V</u>	Mike Jones		
X Add	. <u>sv</u>	Sally Smith		
The second secon		<u>*************************************</u>	•	
Type of Action	Title	Name .		. Address
(Check One)	·			
1) Change				
Add	•			·
P. amous:		•		
Remove				
2) Change			<i>.</i> .	
			,	
Add		• .		
Remove				
3) Change				
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Add		·	•	
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4) Change		<u> </u>	_ 	<u> </u>
Add	•			
Remove				
5) Change		•		
J) Change				
Add			•	
			•	
Remove			•	· · · · · · · · · · · · · · · · · · ·
6) Change				
		•		· · · · · · · · · · · · · · · · · · ·
Add			•	
		•		

Remove

The date of each amendment(s) ad	option: <u>August 70</u>	1 2020)	· · · · · · · · · · · · · · · · · · ·	_, if other than th
late this document was signed.					•
Effective date <u>if applicable</u> :		ě			·
	(no more than 90 da	ys after amendr	nent file date)		;
	,	٠.			••
Note: If the date inserted in this blocument's effective date on the Dep		statutory filing	z requirements, t	his date will n	iot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	.,			
The amendment(s) was/were adoption was not required.	oted by the incorporators, or boar	d of directors w	ithout shareholde	er action and sl	hareholder
uction was not required.					•
The amendment(s) was/were adop by the shareholders was/were suf		mber of votes ca	ist for the amend	ment(s)	
"The number of votes east t	or the amendment(s) was/were su		, ,		2020 OC
. 0,	(voting group)		 -		
Dated Octobe	y 19, 2010	- 7			LED 30 PN 2:
selected	rector, president or other officer – , by an incorporator – if in the hard ed fiduciary by that fiduciary)				- ' ≿ Ω
	Keyn Howa (Typed or printed name		ing)		<u>:</u>
. 41	President (Title of person signing			·	<u>:</u>