P15000076677

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	1	

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Anunchs

JUN 13 2021 ! ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AMBASSANDES CHRISTIAN BOCKSTOR TNC
DOCUMENT NUMBER: <u>P15000076677</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAXINC D. WILFORD Name of Contact Person
Firm/ Company
<u> 35 40 NW 409 2001</u> Address
5540 NW 405 LOOP Address OCA-LA, F. 34482 City/ State and Zip Code
E-mail address: (to be used for future aroual report notification)
For further information concerning this matter, please call:
MAXING D. WILLOW at (302) 265-6911 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

	Articles of Amendment
	to
	Articles of Incorporation
1	of . The second
AMBASSADORS CARISTIAN	Profestage True
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P150000766	
	ment Number of Corporation (if known)
	la Statutes, this Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the c	corporation:
ALPHA BOOKS + GIFT.	
me must he distinguishable and contain the word "c	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word eviation "P.A."
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD	
metha office address MOST BE A STREET ADI	PATIDOCK MALL SUITE 586
	OCALA F1 34474
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
<u> </u>	
If amending the registered agent and/or registe	ered office address in Florida, enter the name of the
If amending the registered agent and/or registenew registered agent and/or the new registered	
If amending the registered agent and/or registe	
If amending the registered agent and/or registered new registered agent and/or the new registered	office address:
If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	(Florida street address)
If amending the registered agent and/or registenew registered agent and/or the new registered	office address:

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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	<u>in Doe</u>	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	7	Wilford, Richard K	5540 NW 40th LOOP
Add Remove			OCALA, F/ 39482
2) Change	7	Wilford, MAXINX D	5540 NW 40th Loop
Add Remove Change			OCALA, F1 34482
Add Remove 4) Change			
Add Remove 5) Change			
Add			
6) Change Add			
Remove			

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t an amene	<mark>dment provide</mark> For implemen	es for an exch	ange, reclassi	tication, or c	ancellation of	issued share:	<u>s,</u>
(if not	applicable, inc	dicate N/A)	nament ii not	ço <u>ijia</u> meu m	the amenum	em usen:	
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment 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 east for the amendment(s) was/were sufficient for approval
by
Signature Achara Achara Achara
(Title of person signing)

the