## P16000002890

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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|   |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

| TO: Amendment Section<br>Division of Corpora |  | _  |  |                |
|--|--|--|--|----------------|
| NAME OF CORPORA                              | DILA   | Tail Boba  | at Service   | , Inc.         |
| The enclosed Articles of                     | Amendment and fee are su                             | bmitted for filing.  |  |                |
| Please return all correspo                   | ondence concerning this ma                           | tter to the following:   |  |                |
|  | Willi<br>White<br>2221 14<br>Nap                     | Name of Contact Persor  Firm/ Company  Address  City/ State and Zip Code | scat Service<br>=<br>34/20   | Inc            |
| For further information c                    | E-mail address: (to be us                            |  | 4/9/9/agm<br>notification)<br>as what sal  | ready<br>State |
| Name of                                      | Contact Person                                       | at (<br>Area Coo   | )<br>de & Daytime Telephone Numl   | ber 177        |
|  |  | payable to the Florida Depa  | -  | 3-1            |
| ☐ \$35 Filing Fee                            | □\$43.75 Filing Fee & Certificate of Status          | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)        | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | PM 2: 18       |
| Ameno<br>Divisio                             | ng Address  Iment Section on of Corporations ox 6327 | Amend<br>Divisio   | Address<br>ment Section<br>n of Corporations<br>entre of Tallahassee                   |                |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

| (N 6.C.  |                             | Glad with the Florida Don                               | of State)                    |                |
|--|-----------------------------|---|------------------------------|----------------|
| (Name of Co  | Deporation as currently     | filed with the Florida Dep                              | i. or state)                 |                |
| WHITE IAIL   | 150BCAL >0                  | -KUICE, In  | <u> </u>                     |                |
|  | (Document Number of         | Corporation (if known)                                  | 11.00 <del>00</del> 0289     | 70             |
| Pursuant to the provisions of section 607.1006 its Articles of Incorporation:  | 6, Florida Statutes, this F | lorida Profit Corporation a                             | lopts the following amendmen | ıt(s) to       |
| A. If amending name, enter the new name  | of the corporation:         | V/A   | The new                      |                |
| name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or t | ," "Inc," or "Co". A        | mpuny," or "incorporated"<br>professional corporation n | or the abbreviation "Corp.," |                |
| B. Enter new principal office address, if as (Principal office address MUST BE A STRE  |                             | NA  |                              |                |
| C. Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)  | <u>le:</u><br>FICE BOX)     | N/A   |                              |                |
| D. If amending the registered agent and/or new registered agent and/or the new re  |                             | ss in Florida, enter the nai                            |                              | ກຸດວ           |
| Name of New Registered Agent   |                             |   |                              | 1000 BUG       |
|  | NH                          |   |                              | <del>_</del> , |
|  | (Florida stree              | et address)   |                              | <u></u> 1      |
| V 2 100 11   | •                           |   | resolution (                 | PH             |
| New Registered Office Address:   | ((                          | City)   | , Florida                    | 2              |
|  | ·                           | •   | FE                           | 18             |
| New Registered Agent's Signature, if chan-   |                             |   |                              |                |
| I hereby accept the appointment as registered  | l agent. I am familiar wi   | th and accept the obligation                            | s of the position.           |                |
|  | Signature of New Rea        | gistered Agent, if changing                             |                              |                |
|  | Signajure of New Keg        | зыстеи луст, у спинуту                                  |                              |                |

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)

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 (Check One) | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s                        |
| 1) Change                  | T            | SARAH JEAN MOSLEY | 2221 14th Ave NE<br>Naples FL 34/20    |
| Remove 2) Change           |              |                   |  |
| Add                        |              |                   |  |
| Remove 3) Change           |              |                   |  |
| Add<br>Remove              |              |                   |  |
| 4) Change                  |              |                   | 2023                                   |
| Add Remove                 |              |                   | ECKENT TAILER                          |
| 5) Change                  |              |                   |  |
| Add<br>Remove              |              |                   | 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| 6) Change                  |              |                   |  |
| Add                        |              |                   | ······································ |

| ch additional sheets, if necessary). (Be specific)                    |                   |
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| amendment provides for an exchange, reclassification, or cancellation | of issued shares, |
| visions for implementing the amendment if not contained in the amend  | ment itself:      |
| (if not applicable, indicate N/A)                                     |                   |
|   |                   |
|   | Z? :              |
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|   | Z                 |
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| <u> </u>  |                   |
|   | F. P. T. T.       |
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| The date of each amendment(s) adoption:  | , if other than the           |
|--|-------------------------------|
| ate this document was signed.  |                               |
| ffective 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 ocument's effective date on the Department of State's records.  | ite will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)   |                               |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.   | on and shareholder            |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment( by the shareholders was/were sufficient for approval.   | s)                            |
| 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):                   | ent                           |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                               |
| by"  |                               |
| (voting group)   |                               |
| Signature  (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 cour appointed fiduciary by that fiduciary) | rt                            |
| WILLIAM CURTIS MOSLES  | <del>/</del> 00 = =           |
| (Typed or printed name of person signing)  (Title of person signing)   | 3 AUG -7                      |
| (The or person signing)  | PH                            |
|  |                               |
|  | 2: 18<br>2: 18                |
|  | 1                             |
|  |                               |