## P1600000 8891

Office Use Only



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2019 DFC -6 AH 8: 26

C. GOLDEN
JAN 1 1 2020

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Bonnie NAME OF CORPORATION: DOCUMENT NUMBER: P160000889 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 Firm/ Company ourne For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

## to Articles of Incorporation of

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Bonnie T Inc.	2019 DEC -6 AH 8: 26
(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P16000008891	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Thenew
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	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	3278 Chad Bourne Dr.
(Principal office address MUST BE A STREET ADDRESS)	Green Cove Springs
	The Panie
	F1. 32043
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3278 Chad Bourne DR.
	Green Cove Springs
	Fl. 32043
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
3278 C) (Floridus	ryd Bourne DR.
New Registered Office Address: ORCEN COV	1e Springs, Florida 32043 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
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)

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.

Mike Jones, V as Remove Example:	e, and Sally Smith	, SV as an Add.	
X Change	<u>PT</u> John L	<del>)oe</del>	
X Remove	V Mike .	lones	
X Add	SV Sally S	Smith_	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Change Add	P	Bonnie Mueller	<u>3278 Chad Bourne</u> Dr. Green Cove Springs
Remove			F1. 32043
2) Add	TRE	Bonnie Muellek	3278 (had Bourne DR Green Cove Springs
Remove 3) X Change address	SEC	Bonnie Mueller	F1. 32043 3278 Chad BOURNE DR.
—————————————————————————————————————	<u>v P</u>	Bonnie Mueller	Green Cove Springs  Fl. 32043  3278 Chad Bourne Dr.
Add			Green Cove Springs Fl. 32043
Remove  5) X Change  Add ress	DIR	Bonnie Mueller	3278 Chad Bourne DR. Green Cove Springs
Remove			F1. 32043
6) Change			
Add			
Remove			
		Page 2 of 4	
E. <u>If amending or addi</u>	ng additional Ar	ticles, enter change(s) here:	

(Attach additional sheets, if necessary).	(Be specific)	
NA		

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A A A A A A A A A A A A A A A A A A A		
provisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
provisions for implementing the amendr (if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
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provisions for implementing the amendr (if not applicable, indicate N/A)  ////	ment if not contained in the amendment itself:	

(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 ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 12 -	2-19
(By a) select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court atted fiduciary by that fiduciary)
	Bonnie Mueller (Typed or printed name of person signing)
	President (Title of person signing)