## PICCO37081

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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**SEP** 13 2018 **S. YOUNG** 

## **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: DOCUMENT NUMBER: 十1((()()() The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation of

Stick it Drum T	Druvall	Inc			
(Name of Corpora	tion as currently	filed with the Florida Dep	t. of State)		
PI	5 0000 D	18000			
		Corporation (if known)			
(17000	mene vaniser or c	corporation (it known)			
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this F	lorida Profit Corporation ad	dopts the fo	Howing amendmen	nt(s) to
A. If amending name, enter the new name of the	corporation:				
				The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "C le abbreviation "P	o". A professional corpore			
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		(SKA)		<del></del>	
			<del></del>	18	
C. Enter new mailing address, if applicable:	ov.			温. 第二	T
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>0.0</u>			1	
				<u>[]]</u>	[] I
				7.23 SE	
			<del></del>	<del>- 海河 <b>等</b></del>	
D. If amending the registered agent and/or register		ss in Florida, enter the nan	ne of the	E 5	
new registered agent and/or the new registered	d office address:			•	
Name of New Registered Agent(	5 A A)				
	-				
<del></del>	(Florida stree	rt address)	<del>.</del>	<del> </del>	
		,			
New Registered Office Address:		Tity)	, Florida	(Zip Code)	
	10	. ι.,,		(My Code)	
New Registered Agent's Signature, if changing Re	egistered Agent:				
I hereby accept the appointment as registered agent.	l am familiar wi	th and accept the obligation	s of the pos	ition.	
	(< 1 1)				
	(2A-A)	gistered Agent, if changing			
Sig	nature of New Res	gistered 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.

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>	Name /	<u>Addres</u> s
1) Change	VP	Virginia A. Cope	11360 Elaine De
<u>√</u> Add		J	Jacksunville, FL
Remove			32218
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or ac (Attach additional	sheets, if necessa					
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			assification, or can			
	iplementing the able, indicate N/2		not contained in th	e amendment its	<u>self:</u>	
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2aniu	Care		Shares 50 Sh			
lirginia	Cope	<u></u>	SO_Sh	ares		
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The date of each amendment(s) adoption: Uus, 1,2018 date this document was signed.	, if other than the
Effective date if applicable:  (no mode 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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 95 18	
Signature Dani Capa	
(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 court appointed fiduciary by that fiduciary)	
Daniel Cope	
(Typed or printed name of person signing)	
<u>+</u>	<del></del> _
(Title of person signing)	