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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Reynolds Venture	es, Inc.			
DOCUMENT NUM	BER: P16000032468				
	of Amendment and fee are so	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Brad Watson				
	Name of Contact Person				
	Reynolds Ventures, Inc.				
		Firm/ Company			
	300 Triple Diamond Blvd.				
	Address				
	Nokomis, FL 34275				
•		City/ State and Zip Cod	e		
bwat	son@wrightway.com				
		sed for future annual report	notification)		
		·			
For further informatio	n concerning this matter, pleas	se call:			
Brad Watson		, 941	379-8669		
Name of Contact Person		at (941) 379-8669 Area Code & Daytime Telephone Number			
r	4.611		•		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

17 JUL 21 AM 9: 05

(Name		11 30 21 f.H 9: 05
P16000032468	of Corporation as currently fi	led with the Florida Dept. of State)
11000032408	(D)\\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607 ts Articles of Incorporation:	',1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or "Co"	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
	, (100 (100 (100 (100 (100 (100 (100 (10	
	-	
Enter new mailing address, if appl		
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	
	<u>.</u>	
	-	
		in Florida, enter the name of the
. If amending the registered agent an new registered agent and/or the new	w registered office address:	in Florida, enter the name of the
		in Florida, enter the name of the
new registered agent and/or the new	w registered office address:	in Florida, enter the name of the
new registered agent and/or the new	w registered office address: Brad Watson	
new registered agent and/or the new	w registered office address: Brad Watson 300 Triple Diamond Blvd.	
	w registered office address: Brad Watson 300 Triple Diamond Blvd.	

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.

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	PT	Debra Reynolds	300 Triple Diamond Blvd.	
Add			Nokomis, FL 34275	
X Remove				
2) Change	VPS	Robert Reynolds	300 Triple Diamond Blvd.	
Add			Nokomis, FL 34275	
X Remove				
3) Change	PT	Joshua Reynolds	300 Triple Diamond Blvd.	
X Add		-	Nokomis. FL 34275	
Remove				
4) Change	VPS	Cara Reynolds	300 Triple Diamond Blvd.	
X Add	<u></u>		Nokomis, FL 34275	
Remove				
5) Change				
Add				
Remove			4 6 6 7 - 47	
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if hecessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	6/1/17	, if other than the
date this document was signed.	111	
Effective date if applicable:	6/1/17	
(no mor	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-		, this date will not be listed as the
Adoption of Amendment(s) (CHECK ON	IE)	
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amer	adment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group entitle.		
"The number of votes cast for the amendment(s)	was/were sufficient for approval	
by		
(voting group)	9	
☐ The amendment(s) was/were adopted by the board of d action was not required.	lirectors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by the incorporat action was not required.	tors without shareholder action and shareho	older
1/13/17		
Dated	\sim 00	
Signature /or	Centhan	
(By a director, president or ot	her officer - if directors or officers have no	
selected, by an incorporator – appointed fiduciary by that figure	 if in the hands of a receiver, trustee, or oth duciary) 	ner court
Tool	in Permilals	
(Typed or	printed name of person signing)	
Prp	sident	

(Title of person signing)