P10000094895

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: HIDDEN LAKE H	OLLOW FARM INC.	
DOCUMENT NUMBE	R:P16000094	895	, , , , , , , , , , , , , , , , , , ,
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
w	TLLIAM A ADAMS		
		Name of Contact Person	
Al	DAMS ACCOUNTING AN	ND CONSULTING INC.	
		Firm/ Company	
13	100 PINE BOROUGH LA	NE	
_		Address	
P	ALM BEACH GARDENS,	FLORIDA 33418	
_		City/ State and Zip Code	•
adamsw	illiams@beellsouth.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
WILLIAM ADAMS		at (⁵⁶¹	626-9096
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	riment of State:
■ \$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)
Amen Divisi P.O. E	ng Address diment Section on of Corporations dox 6327 assee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of A	Amendment	يت پيس
to		
Articles of Inc	-	
HIDDEN LAKE HOLLOW FARM INC		3 7
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P16000094895		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
HIDDEN LAKE FARM INC.		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable:	"Co". A professional corporation name	the abbreviation
(Principal office address MUST BE A STREET ADDRESS)	1019 CHURCH STREET	
·	MARIANNA, FLORIDA 32448	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	1019 CHURCH STREET	
	MARIANNA, FLORIDA 32448	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	treet address)	
N. B. J. Jan. J.	<u>•</u>	
New Registered Office Address:		(Zin Coda)
	(3.3)	(ap chac)
New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	(Ciry), Florida_	(Zip Code) sition.

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			<u></u>
Remove			
2) Change			
Add			
Remove	·		•
3) Change		···	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

if amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
		
<u> </u>		•
<u> </u>		
	·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued share ndment if not contained in the amendment itself:	S
		•

The date of each amendment date this document was signed.		, if other than the
Effective date <u>if applicable</u> :	JANUARY 4, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	·
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
JANG Dated	JARY 3, 2017'	
Signature_		
(1)	By a director president or other officer - if directors or officers have not been	
S a	elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	EFFREY M REED	
	(Typed or printed name of person signing)	
	PRESIDENT	_
	(Title of person signing)	