

P16000097460

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000176291 3)))



H180001762913ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Corporate@theblackjack.com

RECEIVED
18 JUN 12 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN TRAJAN COVE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	45
Estimated Charge	\$35.00

JUN 13 2018
S. YOUNG

1113000 1462913

Articles of Amendment
to
Articles of Incorporation
of

TRAJAN COVER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000090460

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4504 W. SPRUCE STREET

SUITE 514

TAMPA FLORIDA 33607

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4504 W. SPRUCE STREET

SUITE 514

TAMPA FLORIDA 33607

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

CLELAND AYISON

4504 W. SPRUCE STREET SUITE 514

(Florida street address)

New Registered Office Address:

TAMPA

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

1113000 1462913

FILED
19 JUN 12 AM 9:24
TAMPA FLORIDA

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D	THE LAW OFFICES OF NICK SPRADLIN, PLLC	18801 N. DALE MABRY HWY
<input type="checkbox"/> Add			#119
<input checked="" type="checkbox"/> Remove			LUTZ, FL 33548
2) <input type="checkbox"/> Change	DPST	CLELAND AYISON	4504 W. SPRUCE STREET
<input checked="" type="checkbox"/> Add			SUITE 514
<input type="checkbox"/> Remove			TAMPA FLORIDA 33607
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective 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 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 adopted by the shareholders. The number of votes cast 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 06/07/2018 _____

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 court appointed fiduciary by that fiduciary)

THE LAW OFFICES OF NICK SPRADLIN, PLLC (NICKOLAS J. SPRADLIN, ESQ.)

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)