## P17000007651

| (Requestor's Name)                      |      |
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: BOLD CITY INC P17000007651 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TRACEY C. HIGGINBOTHAM Name of Contact Person HIGGINBOTHAM COMPANIES INC Firm/ Company 3790 N US 1 Address COCOA, FL. 32926 City/ State and Zip Code TCHIGGINBOTHAM@HIGCOINC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 321 ) 632-5726

Area Code & Daytime Telephone Number TRACEY C. HIGGINBOTHAM Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BOLD CITY 1 INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000007651 (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." 9766 OLD ST AUGUSTINE ROAD B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET(ADDRESS) JACKSONVILLE, FL 32258 C. Enter new mailing address, if applicable: 220 SPRING DRIVE, UNIT #4 (Mailing address MAY BE A POST OFFICE BOX) MERRITT ISLAND, FL 32953 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: CHIRAG PATEL Name of New Registered Agent 220 SPRING DRIVE, UNIT #4 (Florida street address) MERRITT ISLAND New Registered Office Address: Florida (City) (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 Signature of New Registered Agent, if changing

| If amending the Officers and/or Directors, en       | ter 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 | etter of the office title.  |
| P = President; V = Vice President; T = Treasur      | er; S Secretary; D= Director, TR Trustee, C Chairman or Clerk; CEO Chief                    |
| Executive Officer: CFO - Chief Financial Off        | cer. 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<br>Check One) | Title     | <u>Nai</u>  | <br>  <u>me</u><br> - | <u>Addres</u> s |
| l) Change                    |           |             |                       |                 |
| Add                          |           |             |                       |                 |
| Remove                       |           |             |                       |                 |
| 2) Change                    |           |             |                       |                 |
| Add                          |           |             |                       |                 |
| Remove                       |           |             |                       | <del></del>     |
| 3 ) Change                   |           |             |                       |                 |
| Add                          |           |             |                       |                 |
| Remove                       |           |             |                       |                 |
| 4) Change                    |           |             | 11                    |                 |
| Add                          |           |             |                       |                 |
| Remove                       |           |             |                       |                 |
| 5) Change                    |           |             |                       |                 |
| Add                          |           |             |                       | <del></del>     |
| Remove                       |           |             | -<br> -               | <del></del>     |
| 51 Change                    |           |             |                       |                 |
| Add                          |           |             |                       |                 |
| Remove                       |           |             |                       |                 |

| E. If amending or adding additional Articles,                                      | enter change(s) here:<br>: specific)                |
|--|---|
| (Attach additional sheets, if necessary). (B                                       | у кресідіс)   |
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| F. If an amendment provides for an exchange  | reclassification, or cancellation of issued shares, |
| <u>provisions for implementing the amendme</u><br>(if not applicable, indicate NA) | nt if not contained in the amendment itself:        |
| (у погарунсате, такие х х)   |   |
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| 19-10 <sup>-1</sup> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                           |   |
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| The date of each amendment(s) adopt date this document was signed.               | ion:                                   | , if other than th  |
|--|--|---|
| Effective date <u>if applicable</u> :  | (na more                               | than 90 days after amendment file date)   |
| Note: If the date inserted in this block document's effective date on the Depart |  | e applicable statutory filing requirements, this date will not be listed as theords.              |
| Adoption of Amendment(s)   | ( <u>CHECK ON</u>                      | <u>E</u> )  |
| ■ The amendment(s) was/were adopted<br>by the shareholders was/were suffici      |  | ers. The number of votes cast for the amendment(s)  |
|  |  | ders through voting groups. The following statement itled to vote separately on the amendment(s): |
| "The number of votes east for t  | he amendment(s)                        | was/were sufficient for approval  |
| by   |  | <del></del> ."  |
|  | (voting group                          |   |
| ☐ The amendment(s) was/were adopted action was not required.                     | by the board of d                      | irectors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were adopted action was not required.                     | by the incorporat                      | ors without shareholder action and shareholder  |
| Dated  | 5/17                                   |   |
| Signature  | ckrate                                 |   |
|  |  | her officer – if directors or officers have not been  |
|  | an incorporator – iduciary by that fig | if in the hands of a receiver, trustee, or other court fuciary)                                   |
|  | IRAG PATEL                             | •   |
| <del></del>  | (Typed or                              | printed name of person signing)   |
| PRI  | ESIDENT                                |   |
|  |  | (Title of person signing)   |
|  | 11                                     |   |