P1700000 7651

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SECRETARY 1: 24

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BOLD CITY 1 INC	c	
	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	JOHN MURPHY		
		Name of Contact Person	1
	ACCURATE TAX AND AC	COUNTING	
		Firm/ Company	
	11799 SE US HWY 441	• •	
		Address	
	BELLEVIEW FL 34420		
		City/ State and Zip Cod	e
13171 (.EVIEWTAX@YAHOO.CO	N 1	
Diff	•	sed for future annual report	notifications
	ij-mar naaress. (to be a	sec in factive amain report	normalism,
For further information	n concerning this matter, pleas	se call:	
JOHN MURPHY		at (³⁵²	307-0015 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Amo Divi P.O	ching Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building ixecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as curren	itly filed with the Florida Dept, of State)
P17000007651	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	TI.
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	: 2
(Multing dutiess BIAT BE AT OST OTTICE BOX)	
	: ~
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	· ·
(Florida	street address)
1000 11	est - 1
New Registered Office Address:	, Florida (City)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Sinnature of Man	x Revistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	<u>PT</u>	John Doe	
X_Change			
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SATWINDER TUCKER	3001 SW 24TH AVE 1401
Add X Remove			OCALA FL 34471
Remove 2) Change	DIR	KIDANE HAGOS AYMENEN	7200 POWERS AVE APT 106
X Add			JACKSONVILLE FL 32217
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
51 Change			
Add			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	
16	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

	02/14/2019	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendme ficient for approval.	ent(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.		
02/14/2019		
Dated		
<u>-</u> .	· 1-1 - 1 - 1	
Signature	rector, president or other officer – if directors or officers have not be	
	l, by an incorporator – if in the hands of a receiver, trustee, or other of	
	ed fiduciary by that fiduciary)	LOUIT
	, ,	
	SATWINDER TUCKER	
•	(Typed or printed name of person signing)	
	PRES	
	(Title of person signing)	