PIORO BUS

(R€	equestor's Name)	
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(Bu	usiness Entity Nan	ne)
(Document Number)		
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R. WHITE SEP 13 2018 2018 SEP 10 AM 9: 42
SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COTHRON'S EN	TERPRISE, INC.	<u> </u>		
DOCUMENT NUM	P17000013205				
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	ROBERT A. LASH				
		Name of Contact Person	n		
	MOODY, SALZMAN, LASH & LOCIGNO P.A.				
		Firm/ Company			
	2770 NW 43rd Street, Suite	A			
		Address			
	Gainesville, FL 32606				
		City/ State and Zip Cod	e		
donr	a@moodysalzman.com				
	E-mail address: (to be u.	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:			
Robert A. Lash		at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
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 to Articles of Incorporation

FILED

COTHRON'S ENTERPRISE, INC.

2018 SEP 10 AM 9: 42

COTTIKON'S ENTERTRISE, INC.	3.42
(Name of Corporation	as currently filed with the Participate of STATE
P17000013205	""MERNAH SSEE, FL
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc." or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDR	(ESS)
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	tice address:
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
Ten regimeral office rivarious.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the position.
	ure of New Registered Agent if changing
N0071	ure of type registered agent it chonding

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 Mtke 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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	O	JOYIE MILLICAN	19685 SE US 19
Add			OLD TOWN, FL 32680
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach	lditional sheets, if necessary). (Be specific)
/A	
-	
_	
	
lf an a	endment provides for an exchange, reclassification, or cancellation of issued shares,
provi	ns for implementing the amendment if not contained in the amendment itself:
(į	ot applicable, indicate N/A)
A	

SEPTEMBER 6, 2018 The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will not be listed as the
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	
hy" (voting group)	
(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.	
SEPTEMBER 6, 2018 Dated	
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)	
FORREST COTHRON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	