## P11000031193

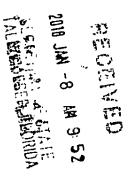
(Re	equestor's Name)	<del></del>
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Anilind

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## COVER LETTER

TO: Amendment Section
Division of Corporations

:ф

NAME OF CORPORA	ation: <u>Mailbox</u> er: <u>P170000</u>	Twenty-Fur S 31193	reven Partners, Inc.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
_		Name of Contact Persor	1
_		<u>-</u>	
		Firm/ Company	
_		Address	
-		City/ State and Zip Code	:
For further information	E-mail address: (to be us	sed for future annual report	notification)
Kevin P	reister	at ( 407	de & Daytime Telephone Number
Name of	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Amen Divis P.O. I	dment Section on of Corporations 30x 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

Malbox Twenty-For Seven	1 Partners, Inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000031193_	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "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:	311 N Rosalind Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Orlando FC 32801
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	311 N Rosalind Ave
	Orlando, FU 32801
D. If amounting the registered agent and/or registered office add	ress in Elevido, enter the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	:
I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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.

X Change	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	7	Percy E Sayles	
Add			
Remove			
2) Change	<u> </u>	Samuel R. Kersenbruck	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		<del></del>	<del> </del>
Remove			
6) Change			
Add			<u></u>
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) (Be specific)			
	. , ,			
		<del>-</del>		
<del></del>				
			<del></del>	
			·	
If an amendment provides for an exc	hanga raclassification	or cancellation of	iccuad charae	
provisions for implementing the am	endment if not contain	ned in the amendmen	nt itself:	
(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: 1-8-3018 (no more than 90 days after amendment file date)	
(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 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	
by"  (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.	
Dated 1-6-2018	
Dated 1-6-2018 Signature Peny Suylee	
(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)	
Page Sallas	
$\frac{\text{Yercy Saffes}}{\text{(Typed or printed name of person signing)}}$	•
(Title of person signing)	
(Title of person signing)	