## P17000039823

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800311375918

04/09/18--01019 -014 \*\*35.00

2010 APR -9 BH 8: 42

C. GOLDEN APR 12 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Horse Country Sho	oe Repair Inc			
DOCUMENT NUME	D17000020022				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Sandra Emerson				
•	Name of Contact Person				
	Horse Country Shoe Repair I	Inc			
		Firm/ Company			
	5920 SW 1st Lane				
		Address			
	Ocala FL 34474				
		City/ State and Zip Cod	e		
mimo	sarose52@Gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
Sant	n concerning this matter, pleas	) at (352	-) 210 - 6885		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)	☐\$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2018 APR-9 AH 8:42

(Name	of Corporation as currently	filed with the Florida Dept. of State)	Child.
P17000039823			
	(Document Number of O	Corporation (if known)	
Pursuant to the provisions of section 607. ss Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation adopts the following ar	mendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		Th	ie new
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbreco". A professional corporation name must con A."	eviation tain the
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
			<del></del>
			<del></del>
Enter new mailing address, if appli	icable:		
(Mailing address MAY BE A POST)			
). If amending the registered agent an		ss in Florida, enter the name of the	
new registered agent and/or the nev	tegisterea office address.		
new registered agent and/or the nev	Sandra Emerson		
Name of New Registered Agent	Sandra Emerson		
	5920 SW 1st Lane		
	5920 SW 1st Lane (Florida stree	,	
	5920 SW 1st Lane (Florida stree	n address), Florida 34474	

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	William Rodgers	5920 SW 1st Lane
Add			Ocala FL 34474
X Remove			
2) Change	P	Pamela Jane Delgado	5920 SW 1st Lane
X Add			Ocala FL 34474
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	, <u> </u>
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·

	April 4th 2017	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
·	April 4th 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u></u>
	this block does not meet the applicable statutory filing requirements, this date ne Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
April Dated	4th 2017	
Signature	Janes Milland	
(B	y a director, president or other officer - if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Pamela Jane Delgado	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	