P17000043743

(Requestor's Name)	
(Address)	
(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



900407604089

amend

2023 HAY 25 AM 8: 50

RECEIVED

A. RAMSEY
MAY 2 & 2023

X02250,04104,00671



May 17, 2023

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: JACKPOT SKILLS ARCADE INC

Ref. Number: P17000043743

We have received your document for JACKPOT SKILLS ARCADE INC and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 823A00011269



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JACKPOT SKILLS ARCADE INC	
Please Debit I20000000257 For: 35	
Thank you Seth Neeley	
Atta/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
i	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
, .	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Jighatthe /	Vehicle Search
	Driving Record
Requested by: SETH 05/23	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 1! Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Jackpot Skills Are	ade Inc.		
DOCUMENT NUMI	P17000013713		 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	David Svec			
		Name of Contact Perso	n	
	Main Street Holdings LLC			
		Firm/ Company		
	3941 TAMIAMI TRL STE 3157 #76			
		Address		
	Punta Gorda, FL 33950			
	City/ State and Zip Code			
	dave@mainstreetholdngs.net			
	-	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea zed Consultant	se call:		
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
	endment Section	Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2023 MAY 25 AM 8: 50

Jackpot Skills Areade Inc.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

	of Corporation as curren	tly filed with the Florida Dept. of State AFY OF 37ATE
P17000043743	(Donument Member	of Corporation (if known)
	(170cument Number	of Corporation (it known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp. " "Inc." or "Co".	The new 'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1229 Homestead Road
		LEHIGH ACRES, FL 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1229 Homestead Road
		LEHIGH ACRES, FL 33936
D. If amending the registered agent ar new registered agent and/or the new		
Name of New Registered Agent	K.B. MATHIS, P.A.	
	3577 CARDINAL POIN	T DRIVE
	(Florida si	reet address)
New Registered Office Address:	JACKSONVILLE	Florida32257
		(City) (Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t·
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
	The same	
irci	nanging Registered Agent, Sign	nature of New Registered Agent

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)

Example:

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 Doc	
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	PVPS	KOLA, MIKEL	4623 SW 1TH AVENUE
Add			CAPE CORAL, FL 33914
X Remove			
2) Change	PVPS	Fati LLC	1309 Coffeen Avenue STE 9173
X Add			Sheridan, Wyoming 82801
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>
37377.1	
<u>.</u>	
-	
f an amandmant prayidae for an arch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
-	
- <u> </u>	

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	dopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendments.	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/17/2 Dated	023	
select	director, president or other officer - if directors or officers have no ed, by an incorporator - if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Mikel Kola	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-