P17000052188

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2020 NOV -9 PM 7: 01

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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:STF	RICKLAND SERVICES 007 CORP
DOCUMENT NUMBER:P170000	52188
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
SHANE NORTHR	OP, CPA
	Name of Contact Person
NORTHROP FINA	ANCIAL GROUP, LLC
	Firm/ Company
13700 SIX MILE O	CYPRESS PKWY STE 2
	Address
FORT MYERS, FI	. 33912
	City/ State and Zip Code
SHANE@NORTH	ROPFINANCIAL.COM
	s: (to be used for future annual report notification)
For further information concerning this m SHANE NORTHROP, CPA	239 271-2488
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate o	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahaman El. 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2413 IN MORROU SHEEL SUINC 610

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

STRICKLAND SERVICES 007 CORP

FILED

2020 NOV -9 PM 7: 01 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P17000052188 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable

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

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	V	TIMOTHY STRICKLAND	7693 EBSON DR
X Add			NORTH FORT MYERS, FL
Remove			33917
2) Change			
Add			
Remove 3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach <i>additional sheets, ij</i>	<mark>dditional Articles, e</mark> if necessary). (Be s	specific)			
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n amendment provide	es for an exchange,	reclassification,	or cancellation of	issued shares,	
ovisions for implemen	nting the amendmen				
(if not applicable, inc	dicate N/A)				
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				-	

The date of each date this documer		nt(s) adoption:ed.	, if other than the
Effective date <u>if</u>	applicable	:	
		(no more than 90 days after amendment file date)	
		n this block does not meet the applicable statutory filing requirements, in the Department of State's records.	this date will not be listed as the
Adoption of Am	endment(s)	(CHECK ONE)	
☐ The amendme action was not		vere adopted by the incorporators, or board of directors without sharehold	er action and shareholder
		vere adopted by the shareholders. The number of votes cast for the amend were sufficient for approval.	lment(s)
		vere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s	
"The nui	mber of vot	es cast for the amendment(s) was/were sufficient for approval	
by		"	
		(voting group)	
	Dated	11/1/20	
	Signature		
	·	(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
		CYNTHIA STRICKLAND	
		(Typed or printed name of person signing)	
		P	
		(Title of person signing)	