## P17000078692

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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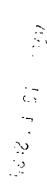
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: CHALICEK COM	PANY				
	MBER:					
	les of Amendment and fee are su	bmitted for filing.				
Please return all co	rrespondence concerning this ma	tter to the following:				
	Chalice K. Morgan					
	Name of Contact Person					
	Chalicek Company					
		Firm/ Company				
	2162 W Oak Ridge Rd#G					
	Address					
	Orlando FL 32809					
		City/ State and Zip Cod	e			
	chalicekco@cfl.rr.com					
	E-mail address; (to be us	sed for future annual report	notification)			
For further informa  Chalice K. Morgar	tion concerning this matter, pleas	se call: at (	885-7281			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 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)			
7 D P	Mailing Address Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Ameno Divisio The C 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

to

CHALICEK COMPANY	10 54 0 01
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P17000078692	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the cor	rporation: NA
	The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> )	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE RON	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered o	office address:
Name of New Registered Agent	10/41
	(Florida street address)
V D 22 1002 (11)	, Florida
New Registered Office Address:	(City) (Zip Code)
	. 1 \
New Registered Agent's Signature, if changing Regis	istered Agent: DIA
I hereby accept the appointment as registered agent.—I	l am familiar with and accept the obligations of the position
Simo	ture of New Registered Agent, if changing
муна	the cry treat regime on region, if smarging
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 6	007,0120 (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)

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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DS	Charlotte C. Sommers	2162 W Oak Ridge Rd #G
X Add			Orlando FL 32809
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

•	06/30/2020	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
06/30/	/2020	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ck does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	••	
	(voting group)	
DatedSignature	octor, president or other officer if directors or officers have not been	<del></del>
selected	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Chalice K. Morgan	
_	(Typed or printed name of person signing)	
b	President	
_	(Title of person signing)	