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COVER LETTER

Division of Corporations
NAME OF CORPORATION: BREEZE SOLVICES of Horda Iwc.
DOCUMENT NUMBER: P 7.0000 83882
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Brad" Wilson
Name of Contact Person Secret Servics Firm/ Company
(90 Paul tree Bircle
Starta Rosp Back 61 32450 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brad Wilson at (SOD) 269 6619 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐\$652.50 Filing Fee Certificate of Status (Additional Copy (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation

of

ŧo

Breeze Services 0	f Florida Inc.			
(Name of Corporation as currently f		<u>e</u>)	-	
(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	orida Profit Corporation adopts the	following	, amenc	Iment(s)
A. If amending name, enter the new name of the corporation:				
			The i	new
word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4. "			_ _
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 200 200 200 200 200 200 200 200 200	19 40/ 2	- - :::
			<u>J</u>	— i
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the		s: 37	· • · · ·
Name of New Registered Agent William B. V	VISON			
(Florida street	address)			
New Registered Office Address: Santa Risa	BCACN . Florida	324	<u>59</u>	_
(Ci	(y)	(Zip C	ode)	

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.

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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	P	Karen Brunson	118 Peachtree Civele
Add Remove	P	William B. Wilson	Santa Rosa Beach Fr. 32439 U8 Peachtree Circle
2) Change Add Remove	_1	VVIII(OTY) I. VVIISUI	Santa Rusa Beach Fr. 3245°
3) Change			3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Remove			- IL NOV 27
Add Remove			9: 37
5) Change Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
	 -	-
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	<u> </u>	-
	<u> </u>	9
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	2.	9 107
provisions for implementing the amendment if not contained in the amendment itself:		9 407 27
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		HY LZ AON 6
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provisions for implementing the amendment if not contained in the amendment itself:		9 HD 72 VON 9:

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(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 with document's effective date on the Department of State's records.	If not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	19 NOV
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	27 = =
Dated 10/22/2019	A 9: 3
Signature Willin R. William	<u>3</u>
(By a director, president of 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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	