P18000019796

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(Address)	
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(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: FORGOTHEN CAY BOHLING TWO DOCUMENT NUMBER: P18000019796
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Zachary Name of Contact Person
Firm/ Company
4121 Coquina Dr Address JackSonville, Fl 32250 City/State and Zip Code
Jacksonville, Fl 32250 City/ State and Zip Code
Dex 1313 a Duflook. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Zachary at (904) 674-9662 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

of

FORGOTTEN CLY BOTTING IN (Name of Corporation as curr P18000019796	vently filed with the Florida Dept. of State)
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
£18000019796	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "F	". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
The state of the s	-
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 add	
Name of New Registered Agent	
Name of New Registered rigest	
(Floria	la street address)
New Registered Office Address:	, Florida
	, and the second
New Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am family	vent:
r nervoy accept the appointment as registered agent. I am jumi	ar min and accept incomigations of the position.
Signature of Ne	w Registered Agent, if changing
Charle if analisable	

☐ 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)

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= Trustec; 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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V.P.	Hubert M Zachary	4121 Coguina Dr Jackson Ville, Fl
Add		~	Jackson Ville, Fl
X Remove			32250
2) Change	VP	Sean McInerney	56 S. Dixie Hwy #6
Add		,	St Augustian F132084
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			-
Add			
Remove			
<i>δ</i>) Change			
Add			
Remove			

fomandina or addie-	dditional Autialas anton chin	ngo(s) horo:	
r amending or adding a Attach <i>additional sheets</i> ,	dditional Articles, enter char if necessary). (Be specific)	ige(s) nere:	
		•	
			
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		- -	
·			
an amendment provider	es for an exchange, reclassifi	cation, or cancellation of	issued shares,
(if not applicable, in	nting the amendment if not c dicate N/A)	ontained in the amendin	ent usen.
			· · · · · · · · · · · · · · · · · · ·
	<u></u>		
			

The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an fficient for approval.	nendment(s)
	roved by the shareholders through voting groups. The followie each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	bed Colour rector, president or other officer—Hitrectors or officers have 1, by an incorporator—if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	not been other court
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	