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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Elders RANCH, 4nc. DOCUMENT NUMBER: P 180000 28735
DOCUMENT NUMBER: P 180000 28735
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Source Di dams Name of Contact Person
Elders Rann, Lnc.
· ·
3800 S. Olean Dr #906
Address
Hollywood, Fl. 33019 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
evench, Inc@ VALTOU. Com.
For further information concerning this matter, please call:
Jauce adams 311 954, 628-2001
Name of Contact Person at (Q5H) 69-8-200 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation

2018 DEC 27 PM 5: 26

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	oration as currently		Toridb Dept of Sta	<u>ŵ</u> E.FL
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(I	Document Number of	· · · · · · · · · · · · · · · · · · ·		,
Pursuant to the provisions of section 607.1006, Its Articles of Incorporation;	Florida Statutes, this F	Aorida Profit Co	orporation adopts the	e following amendment(s
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp," "Inc," or "C	'o". A professio		or the abbreviation
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREET</u>				
				·····
		·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BON</u>)	<u></u>		
				
D. If amending the registered agent and/or re			nter the name of th	<u>e</u>
new registered agent and/or the new regis	tered office address:			
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florid:	
Man Registere Cype C. Rain Co.	**	Cityr		(Zip Code)
New Registered Agent's Signature, if changin hereby accept the appointment as registered as		iih and account il	w abligations of the	nosition
merce, accept the appearanted as registered ag	,cia. rem _i jaminu wi	ma come accept to	K trangulums of the	jaminui,
	Signature of New Re	rgistered Agent.	if changing	

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.

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Example: X Change	<u> PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Charles J. Isaacs	3800 3. Ocrum Dr #901
Add Remove			3800 3. Occum Dr #900 Hollyward, Fl. 33019 US
2) Change			
Add			
Remove			
3.) Change			
Add			····
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If 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)	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N A)	ndment provides for an exchange, reclassification, or ca	ncellation of issued shares,
(if not applicable, indicate N A)	is for implementing the amendment if not contained in	the amendment itself:
	ot applicable, indicate N A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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" tvoting group)	
tvoting group)	
☑ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/21/2018	
Signature By a director, president or other officer – if directors or officers have not been	_
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President.	
(Title of person signing)	