## P180000041303

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SECRETARY OF STATE

Amend Manie Ch8

JUL 18 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sha a	do Enternises Inc
NAME OF CORPORATION: Shago DOCUMENT NUMBER: P1800	000147303
The enclosed Articles of Amendment and fee are st	
Please return all correspondence concerning this ma	•
	Name of Contact Person
	Firm Company
290 (	Edward Palmer P.A.  Firm Company  Ling Stone Drive  Address
<u>Ponte</u>	Vedra Forida 32081 City' State and Zip Code
E-mail address: (to be u	mer 5 e concastinet sed for future annual report notification)
For further information concerning this matter, plea-	se call:
Glenn Palmer Name of Contact Person	at (904) _25F_5t09 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	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Shagle Enter	mises Inc		
(Name of Corporation	n as currently filed with the Flo	orida Dept. of State)	
P180000	47303		
	ent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Corp</i>	noration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	porațion:		
Glenn Edward Pal	MEC PA.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"corporation," "company," or ""Inc," or "Co" A profession	r "incorporated" or the al- al corporation name must c	- bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	) 		SECRETARY FLOW
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the	O NO
Name of New Registered Agent			
	(Florida sweet address)		
New Registered Office Address:		, Florida	<del> </del>
	(Cuyi	/Zip (	o(te)
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. To		obligations of the position.	

Signature of New Registered 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.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
21 Change		_		
Add				
Remove				
3.) Change		_		
Add				
Remove				
4) Change		<del>_</del>		
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

I amending or adding additional Arti- Attach additional sheets, if necessary)	(Be specific)
=	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares.
r it not aundicable, indicate N/A)	endment if not contained in the amendment itself:
Charities the name	and type of entity from a corporation
8 0 1	Association
to a Professional	13 Suardo.
This is required to	o use for my real estate inconse cover me
pud commissions	by the laws of the State of Florida.
	0

The date of each amendment(s) adoption date this document was signed.	on: May 30, 2018	, if other than the
Effective date if applicable:	O .	
	tno more than 90 days after amendment file	duter
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing require nent of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the int for approval.	: amendment(s)
	d by the shareholders through voting groups. <i>The foll voting group entitled to vote separately on the amen</i>	
	ne amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action (	and shareholder
nation were not rounired	by the incorporators without shareholder action and s	hareholder
DatedSignature	5,2018	
(By a directe selected, by	or, president or other officer - if directors or officers han incorporator - if in the hands of a receiver, trustee duciary by that fiduciary)	
•		
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	