# P18CCCC64585

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Eternity Concepts In DOCUMENT NUMBER: P18 000 064585
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Jesse Naue
Name of Contact Person
Eternity (oncepts inc
1311 NW 35th St
Ocala FL 3447.5
E-mail address (to be used for vuture annual report notification)  City/ State and Zip Code  E-mail address (to be used for vuture annual report notification)
For further information concerning this matter, please call:
Tesse Nave at 352, 250-5912  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)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

#### Mailing Address

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

### FILING CANCELLED DUE TO RETURNED CHECK

#### Articles of Amendment

Articles of Incorporation

Eternity Consopt	s Incorporated
(Name of Corporation as currently f	iled with the Florida Dept. of State)
Pi80000(0458	5 5
(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 amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS )	20
	<del></del>
C. Enter new mailing address, if applicable:	8 F
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<b>50</b>
	7
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	. Florida
((	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Re	gistered 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 <math>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>John Do</u>	T IEII (O	CANCELLED	
X Remove	<u>V</u> <u>Mike Jo</u>	nes DUE TO	RETURNED CHECK	
<u>X</u> Add	SV Sally Sr	nith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	~ ~ /
1) Change	VP	April No	g N 1311/	VW 35 40 St
			#200	
Remove			Ocala	, FC 344 70
	(Kn.	$T_{\alpha}(V)$	1V05 1211	NIN OCTUST
2) Change		MIL	<u>u</u> 1311	<u>vw.ss</u>
Add Remove			15 de	FT 3447
3) Change			<del>()</del>	
Add				
Remove			-,	<u> </u>
4) Change				•••••
Add				
Remove				
				·
5) Change				
Add				
Remove				
6) Change				
Add				
Damana				

f amending or adding additional Articles, enter change(s) here: MHA Attach additional sheets, if necessary). (Be specific)	FILING CANCELLED  DUE TO RETURNED CHE
If an amendment provides for an exchange, reclassification, or cancellat provisions for implementing the amendment if not contained in the amendment applicable, indicate N/A)	tion of issued shares, MIA

The date of each amendment(s) adoption: _ date this document was signed.	[-1-1]	if other than (	the
Effective date if applicable:	-   -   -   -   -   -   -   -   -   -	nandmant file data)	
	(no more than 90 adys after an	пенитет рие оше)	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory of State's records.	filing requirements, this date will not be listed as	the
Adoption of Amendment(s) ( <u>C</u>	CHECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient to		tes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each votil			
"The number of votes east for the an	endment(s) was/were sufficient for	r approval	
by(v	,	<b></b>	
(1	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without sharel	nolder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	ie incorporators without shareholde	er action and shareholder	
- 11-11-	19	FILING CANCELLED	
Dated	<del>,</del> , , , , , , , , , , , , , , , , , ,	DUE TO RETURNED CHECK	
Simono	southers		
Signature (By a director, pr	esident or other officer – if directo	rs or officers have not been	
selected, by an ir	icorporator - if in the hands of a re		
appointed fiducia	ary by that fiduciary)		
	Jesse Na		
	(Typed or printed name of person	n signing)	
<del>-</del>	Presiden	<del></del>	
	(Title of person signi	ing)	