# Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078 Phone: (863)294-3360

Fax Number : (863)299-5498

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lamona28@msn.com

# COR AMND/RESTATE/CORRECT OR O/D RESIGN THE BLIND SHACK OF CENTRAL FLORIDA, INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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## COVER LETTER

TO: Amendment Sec Division of Corp			
NAME OF CORPO	RATION: The Blind Shack of	f Central Florida, Inc.	
	BER: P18000071347		
The enclosed Articles	of Amendment and fee are sui	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	Cosar Sanianilia		
		Name of Contact Person	
	The Blind Shack of Central F	floride, Inc.	
		Firm/ Company	
	2028 Shepherd Road #209		
		Address	
	Mulberry, FL 33860		
		City/ State and Zip Code	
	lamona28@msn.com		
	E-mall address: (to be us	sed for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
Cesar Santanilla		at ( )	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:	
S35 Filling Fee	S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Piling Fee Certified Copy (Additional Copy is enclosed)	٠
An Div P.C	lling Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, PL 32303	٠

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# Articles of Amendment

	to Articles of Inc of	orporation 2, 1916
	The Blind Shack of C	entral Florida, Inc.
(Name o	f Corporation as currently	y filed with the Florida Dept, of State)
<del></del>	P10000	<u> </u>
<del></del>	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. Hamending name, enter the new ne	me of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation "Corp.," I professional corporation name must contain the word
B. Enter new principal office address.	if anniicable:	2028 Shepherd Road #209
(Principal office address MUST BE A S	REET ADDRESS)	Mulberry, FL 33860
C. Enter usiy mailing address, if appli (Mailing address MAY BE A POST	çable: OFFICE BOX)	2028 Shepherd Road #209
		Mulberry, FL 33860
D. If amending the registered agent an	d/or registered office add	ress in Florids, enter the name of the
new registered agent and/or the nev		<u> </u>
Name of New Registered Agent	Cesar Santanilla	<del>*************************************</del>
	2028 Shepherd Road #209	<u> </u>
	(Florida si	reel address)
New Registered Office Address:	Mulbarry	, Florida 33860
	·	(City) (Zip Code)
New Registered Agent's Signature if of I hereby accept the appointment as regist	hanging Registored Agent ered agent. Jam familiar	i yihrand accept the obligations of the position.
•	11-4	
7		
<del>- (</del>	Signature of New Y	egistered Agent, if changing
		מיימיייי 🐧 נייאפויי בייייסייסי
Check if applicable  The amendment(s) is/are being filed p	arsuant to s. 607.0120 (11)	(e), F.S.

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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	PT	John Dos	
X Remove	¥	Mike lones	
_X Add	<u>s</u> v	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PSTD	Loranna Sayre	1578 Mariner Road
Add			Lakeland FL 33803
X Remove			
2)Change	VPD	Russ Desena	1578 Mariner Road
Add			Lakeland FL 33803
X Remove 3) Change	PSD	Cosor Santanilla	2028 Shepherd Road #209
XAdd		·	Mulberry FL 33860
Келлоче			
4) Chango		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

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If an amendment provides for an exchange, reclassification, or cancellation of James thares, newlylous for implementing the amendment if not contained in the amendment likelf:  (if not applicable, indicate tVA)	, Atiben <i>da</i>	ing or adding additional Articles, enter change(s) here: iditional sheets, if necessary). (Be specific)	
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)			
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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)			
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NA)	lfan ame	endment provides for an exchange, reclassification, or cancellation of issued theres.	
	araviala	ns for implementing the amendment if not contained in the amandment itself:	
		ot applicable, indicate N/A)	
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The date of each amendment(s): date this document was signed.	adoption:	If other than the
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cost for the sufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The follow reach voting group entitled to vote separately on the amenda	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	M9	
	(voting group)	
Dated	124/2020	ALL PROPERTY OF THE PARTY OF TH
Signature		<del></del>
select	director, president or other officer—if directors or officers ha ed, by an incorporator—if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	Cesar Santanille	
	(Typed or printed name of person signing)	<del></del>
	President & Secretary	
	(Title of person signing)	·

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