# P/800055179

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TALLAHASSEE FL

SEP 1 4 2019

## COVER LETTER

Division of Corporations NAME OF CORPORATION: P18000085176 DOCUMENT NUMBER: \_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

# Mailing Address

TO: Amendment Section

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

# Articles of Amendment to Articles of Incorporation

οf

Shasta Thompso	m PA	
(Name of Corporation as currently	filed with the Florida Dept, of State	<u>e</u> )
D180000851	19	
	Corporation (if known)	·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Shasta DeGraw	(PA	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 "I	Co". A professional corporation nam	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	<del></del>
		<del>2</del> 29 -
		S S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	201 D
		00
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent Shast	a DeGraw	
10067 Hidde (Florida stre	in Pines Lane	· 
New Registered Office Address: Boni La Spr	,	34/35
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	rith and accept the obligations of the p	osition.
<u>Shasta De Gra</u> Signature of New Re	:W	
Signature of New Re	egistered 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	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)  1) _X Change Add	P Shasta De Graw	Address  Address
Remove 2) Change Add		N/A
Remove 3) Change Add		N/A
Remove 4) Change Add	N /A	N/A
Remove  5) Change Add	N/A	N/A
Remove  6) Change Add	N/A	N/A

f 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/s)  N/A		heets, if necessary). (Be			
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(if not applicable, indicate N/.4)			·		
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	ach amendment(s) adoption: 9/3/19 ment was signed.	, if other than the
	,	
Effective date	(no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this date we fective date on the Department of State's records.	vill not be listed as the
Adoption of a	Amendment(s) ( <u>CHECK ONE</u> )	
	lment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) reholders was/were sufficient for approval.	
	dinent(s) was/were approved by the shareholders through voting groups. The following statement eparately 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	
bу "	(voting group)	
	(voting group)	
	dment(s) was/were adopted by the board of directors without shareholder action and shareholder not required.	
The amend	dment(s) was/were adopted by the incorporators without shareholder action and shareholder not required.	
	Dated9/3/19	
	Signature Shasta De Lhaw	
	(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)	
	Shasta De Graw (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	