P18000101901

(Requestor's Name)			
(Address)	300354996		
(Address)	00000-000		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	11/20/2001012-		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



3463

-005 **35.00

JAN 0 8 2021 IALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Stable Foundation RATION:	Solutions, Inc.		
DOCUMENT NUM	P18000101901 BER:			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Amy L. Kenner			
	Grunder & Petteway, P.A.	Name of Contact Person	1	
	Firm/ Company 23349 NW CR 236, Suite 10			
	Address High Springs, F1, 32643			
	City/ State and Zip Code			
	debbie@stablefoundationsin	ie.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Amy L. Kenner		386 at (454-1298)	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

STABLE FOUNDATION SOLUTIONS, INC.

	ly filed with the Florida Dept. of State)	
P18000101901	ly filed with the Florida Dept. of State)	
(Document Number of	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	
If amending name, enter the new name of the corporation:	The new	
me must be distinguishable and contain the word "corporation," " lnc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word	
	23335 NW CR 236, SUITE 20	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	HIGH SPRINGS, FL 32643	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23335 NW CR 236, SUITE 30	
<u></u>	HIGH SPRINGS, FL 32643	
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida str	reet address)	
New Registered Office Address:	. Florida	
	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent wereby accept the appointment as registered agent. I am familiar to	: with and accept the obligations of the position.	
Signature of New R	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	STD	DEBRA L. KING	128 SW BEAVER ST.
Add			FT. WHITE, FL 32038
Remove			
2) X Change	PD	STEVEN B. GAYHEART	351 SW PEACE DR.
Add			LAKE CITY, FL 32024
Remove 3) X Change	VPD	TRAVIS D. KING	9076 NW 45TH COURT
Add			LAKE BUTLER, FL 32054
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	EREBY AMENDED T	O KEAD AS FOI	TOM2:		
THE NUMBER OF	SHARES THE CORI	PORATION IS A	UTHORIZED TO	ISSUE 1S: 510	
<u> </u>				<u> </u>	
	<u> </u>				
		-			
				<u> </u>	
				· · · · · · · · · · · · · · · · · · ·	
					
lf an amendmen	t provides for an excl	nange, reclassific	ation, or cancell	ation of issued shar	es,
	mplementing the ame cable, indicate N/A)	endment if not co	ontained in the ai	nendment itself:	
•					
		_		<u>.</u>	
·					

The date of each amendment(s) ad-	option;	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder ac	ction and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendmenticient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	Ff_2020 Sector, president or other officer – i directors or officers have not bee	
	by an incorporator – if in the hands of a receiver, trustee, or other edd fiduciary by that fiduciary)	ourt
13	EBRA L. KING	
_	(Typed or printed name of person signing)	<u> </u>
t:	RECTOR	
_	(Title of person signing)	