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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Shankley SF Corp.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Diara Brondbett
Name of Contact Person At Med Duncs Consulting, LLC Firm/ Company
6750 Dorth andrews avenue, Ate. 200
Fort Lauderdale, H 33309
City/ State and Zip Code
E-mail address: (to be used for future annual report nonflication)
For further information concerning this matter, please call:
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) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to

Article	es of Amendment
Articles	to fincorporation
Articles	of 2010
Shankley SF Co	es of Amendment to of Incorporation of 20/9 JAN 16 PM 1.58
(Name of Corporation as cu	referrity filed with the Florida Debt. of State)
P19000002504	L MASSEE FATE
(Document Nun	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes as Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
a. If amending name, enter the new name of the corporation	on:
ame must be distinguishable and contain the word "corp	poration," "company," or "incorporated" or the abbreviation
	" or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	17.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	\mathcal{N}/\mathcal{A}
D. If amending the registered agent and/or registered offic	on address in Florida, anter the name of the
new registered agent and/or the new registered office a	
None of New Paristrus I America	n / A
Name of New Registered Agent	4//0
	N/A
(Flo)	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan	
The same of the sa	
	2/0
	NA
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.

	e, and Sally Smith, Sr as an Add.	
Example: X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	S Jeannie Leorges	4060 NW 30 Terrace,#4
Add Remove		Laudersale Cakes
2) Change	S Howard Thomas	4060 NW 30 Ferrace, #4
Add Remove 3) Change	Up, D Thoward Thomas	Florida 33309 4060 NW 30 Terme, # 4
Add Remove		Louderlate Lakes
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

ttach additional sl	ing additional Articles cets, if necessary). (E	Be specific)			
					
 					
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an amendment p provisions for imp	rovides for an exchang lementing the amenda	<u>ze, reclassification</u> nent if not contain	, or cancellation of ed in the amendm	of issued shares. Hent itself:	
(if not applica	ole, indicate N/A)				
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		VIK			
		101	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption: 01/11/2019, if other than the
date this document was signed.
Effective date if applicable: 01/11/2019
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately 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
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature Hauft
(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)
_// \ \ / //
Moward Thomas
(Typed or printed name of person signing)
Vice President Director
(Title of person signing)