P19000012763

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOI	RATION: MICHAEL HOST	O ENTREPRENEURIAL	ADVENTURES, INC
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MICHAEL HOSTO		
		Name of Contact Person	n
	MICHAEL HOSTO ENTRE	PRENEURIAL ADVENT	URES, INC
		Firm/ Company	
	75 12TH ST S		
		Address	
	JACKSONVILLE BEACH.	FL 32250	
	-	City/ State and Zip Cod	e
KIM'	WHITLOCK@I-800BOARD	UP.COM	
	-	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
BETH TOENIES		904	758-8000
Name (Name of Contact Person at (904) 758-8000 Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check fo	r 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)
Ame Divi P.O.	iling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MICHAEL HOSTO ENTREPRENEURIAL ADVENTURES, INC

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P19000012763	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
	1.30
C. Enton now mailing address: if amplicables	2 2 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
	5:07
	07
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signat	ture 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.

Example: X Change	<u>PT</u>	John Doc	
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) Change	<u>s</u>	LISA HOSTO	75 12TH ST S
X Add			JACKSONVILLE BEACH, FL
Remove			32250
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		
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	<u> </u>	•
		-
		
an amendment provides for an exch	ange, reclassification, or cancellation of idment if not contained in the amendme	issued shares,
(if not applicable, indicate N/A)	tuntent it not contained in the amenume	ne usen:
		-
		-
.	· ·-	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(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 of document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. OCTOBER 10, 2019	
Signature Signature	
By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other components of a population of the fiduciary by that fiduciary)	urt
\cup	
(Typed or printed name of person signing)	 -
(Title of person signing)	