## P190000 16037

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Lindsey Lakins, Inc
DOCUMENT NUMBER: P19 0000 110037
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lind Sey Lakins Name of Contact Person
Firm/ Company
85 Skyline Blud.
Merritt Island, FL 32953 Cityl State and Zip Code
E-mail address: (to be used for future annual report motification)
For further information concerning this matter, please call:
Lindsey Lakins at (321) 501-5101  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:
□ \$35 Filing Fee Certificate of Status  □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

#### **Articles of Amendment** Articles of Incorporation of

	. 01				
Lindsen	u Lakins	: INC			
(Name of Corpora	ation as currently file	d with the Florida Dept	, of State)		
· P1	190000161	537.			
(Doc	cument Number of Con				
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	ida Statutes, this <i>Flori</i>	da Profit Corporation ac	lopts the follow	ing amend	ment(s) to
A. If amending name, enter the new name of the	corporation:				
Lindsey L	_	А		The second	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co" or the designation "Co word "chartered," "professional association," or the	vord "corporation," ' orp," "Inc," or "Co".	'company," or "incorpo A professional corpore	prated" or the	The n abbreviati st contain i	ion
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)					-
					- •
	<u></u>	<del></del>		<u></u>	1
C. Enter new mailing address, if applicable:	<b>n</b> (11)		!	T.A.	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u> ) _			92	
	_		<del></del>	<u> </u>	11
					<del>.</del>
D. If amending the registered agent and/or registered agent and/or the new registered		n Florida <u>, enter the nan</u>	ne of the		CO TT
Name of New Registered Agent		·			
	(Florida street ac	tdress)			
New Registered Office Address:	(6)		, Florida	iv Code)	_
	(City)	)	(2)	p Coae)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	<u>legistered Agent:</u> a. I am familiar with a	and accept the obligation	s of the position	<b>1</b> .	
Si	ignature of New Regist	ered Agent, if changing		<del></del>	

### 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 De	<u>∞e</u>	
<u>X</u> Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>núth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Cliange				
Add				
Remove				
2)Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change		<del></del>		
Add				<del></del>
Remove				
5) Change				
Add		_		
Remove				
6) Change		<del></del>		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
Changing Article 3 to read from, Any and a lawful business, to: Office of Real Estate agent and/or Broker.	U
Office of Real Estate agent and/or Broker.	
F. 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)	
	•

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate 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.	(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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature  (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 con appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President (Title of person signing)	

# State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of LINDSEY LAKINS, INC, a Florida corporation, filed electronically on February 18, 2019 effective February 14, 2019, as shown by the records of this office.

1 further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authorized by the code noted below.

The document number of this corporation is P19000016037.

Authentication Code: 190225134607-200324320392#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty Fifth day of February, 2019



Laurel M. Lee Secretary of State