# P190000 36692

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (2.2000)                                |
| (Document Number)                       |
| (Cooling Names)                         |
| Certified Copies Certificates of Status |
| Certificates of Status                  |
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| Special Instructions to Filing Officer: |
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Office Use Only



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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: <u>FLORIDA S.R.O.</u>                | INC  |  |  |  |
|--|---|--|--|--|--|
| DOCUMENT NUMBI   | ER: <u>P19000036692</u>                     |  |  |  |  |
| The enclosed Articles of   | f Amendment and fee are su                  | bmitted for filing.  |  |  |  |
| Please return all corresp  | oondence concerning this ma                 | tter to the following:   |  |  |  |
|  | ERIC ARISTY                                 | ,  |  |  |  |
| -  |   |  |  |  |  |
|  | Name of Contact Person                      |  |  |  |  |
| -  | FLORIDA S.R.O. INC                          |  |  |  |  |
|  | Firm/ Company 614 E HWY 50 SUITE #270       |  |  |  |  |
| <del>-</del>   | Address                                     |  |  |  |  |
|  | CLERMONT, FL 34711                          |  |  |  |  |
| -  |   | City/ State and Zip Code   |  |  |  |
|  | eraris8@gmail.com                           |  |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report notification)   |  |  |  |
|  | concerning this matter, pleas               |  |  |  |  |
| ERIC ARISTY  |   | at ()  |  |  |  |
| Name o   | f 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  | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address 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** Articles of Incorporation of

#### FLORIDA S.R.O. INC

## (Name of Corporation as currently filed with the Florida Dept. of State) P19000036692

| (D   | ocument Number of Co              | rporation (if known)      |                |                    |
|--|-----------------------------------|---------------------------|----------------|--------------------|
| Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:   | lorida Statutes, this <i>Floi</i> | rida Profit Corporation : | adopts the fol | lowing amendment(s |
| A. If amending name, enter the new name of t   | he corporation:                   |                           |                |                    |
| N/A  |                                   |                           |                | The new            |
| name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "Gword "chartered," "professional association," of | Corp, " "Inc," or "Co"            | '. A professional corpo   |                |                    |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET  |                                   | N/A                       |                |                    |
|  | -<br>-                            |                           |                |                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                   | 614 E HWY 50 SUITE #270   |                | .70                |
|  |                                   | CLERMONT                  | ,FL 34711      |                    |
| D. If amending the registered agent and/or registered agent and/or the new registered.   | ered office address:              | in Florida, enter the na  | me of the      |                    |
| Name of New Registered Agent   | N/A                               |                           |                |                    |
|  | N/A                               |                           |                |                    |
|  | (Florida street a                 | address)                  |                |                    |
| New Registered Office Address:   | N/A                               |                           | _, Florida     | N/A                |
|  | (Cit,                             | v)                        |                | (Zip Code)         |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age  |                                   | and accept the obligatio  |                | ILED               |
|  | Signature of New Regis            | stered Agent, if changing | AGISO          | 6:46               |

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<br>(Check One) | <u>Title</u> | <u>Name</u>     | Address            |
| 1) Change                     | P            | RYAN J PETERSON | 312 S PINE ST      |
| Add                           |              |                 | BUSHNELL, FL 33513 |
| Remove  2) Change             | N/A          | N/A             | N/A                |
| Add                           |              |                 | N/A                |
| Remove                        |              |                 | N/A                |
| 3) Change                     | N/A          | N/A             | N/A                |
| Add                           |              |                 | N/A                |
| Remove                        |              |                 | N/A                |
| 4) Change                     | N/A          | N/A             | N/A                |
| Add                           |              |                 | N/A                |
| Remove                        |              |                 | N/A                |
| 5) Change                     | N/A          | N/A             | N/A                |
| Add                           |              |                 | N/A                |
| Remove                        |              |                 | N/A                |
|                               | N/A          | N/A             | N/A                |
| 6) Change                     |              |                 | N/A                |
| Add                           |              |                 | -                  |

| (Attach additional | dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific) |
|--------------------|---|
| N/A                |   |
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| If an amendment    | provides for an exchange, reclassification, or cancellation of issued shares,         |
| provisions for in  | nplementing the amendment if not contained in the amendment itself:                   |
| (if not applie     | able, indicate N/A)   |
| N/A                |   |
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|   | 07/01/2019  | if ash an than the                            |
|---|---|---|
| The date of each amendment(s) ado date this document was signed.                    | ption:  | , if other than the                           |
| Effective date if applicable:   | N/A   |   |
|   | (no more than 90 days after amendment fi  | le date)                                      |
| Note: If the date inserted in this blo document's effective date on the Department. | ck does not meet the applicable statutory filing requirement of State's records.  | irements, this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |   |
| ☐ The amendment(s) was/were adopt<br>by the shareholders was/were suffi             | ed by the shareholders. The number of votes cast for cient for approval.  | the amendment(s)                              |
|   | oved by the shareholders through voting groups. The fact voting group entitled to vote separately on the amount         |   |
| "The number of votes cast fo  | r the amendment(s) was/were sufficient for approval   |   |
| by  | (voting group)  |   |
|   | (voting group)  |   |
| The amendment(s) was/were adopt action was not required.                            | ed by the board of directors without shareholder actio  | n and shareholder                             |
| ☐ The amendment(s) was/were adopt action was not required.                          | ed by the incorporators without shareholder action and  | d shareholder                                 |
| Dated 07/01/2   | 2019  |   |
| Signature   |   | <del></del>                                   |
|   | ector president or other officer – if directors or officer<br>by an incorporator – if in the hands of a receiver, trust |   |
|   | I fiduciary by that fiduciary)  | ice; or other court                           |
|   | ERIC ARISTY   |   |
| _   | (Typed or printed name of person signing)   |   |
|   | PRESIDENT   |   |
| -   | (Title of person signing)   | <del></del>                                   |