P19000037717

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•	,	
	Add)	
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(0	City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Trusted Trappers I	nc	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Mark A. Seymour		
		Name of Contact Person	1
	Trusted Trappers Inc.		
		Firm/ Company	
	PO Box 541794		
		Address	
	Greenacies, FL 33454		
		City/ State and Zip Code	e
truste	dtrappers@gmail.com		
	-	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Mark A. Seymour		833 at (.444-8727
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
Tallabassee, FL 32314 2661 Executive Center Circle		-	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Trusted Trappers Inc	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P19000037717	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	pr. 7
C. Enter new mailing address, if applicable:	NA ···
(Mailing address MAY BE A POST OFFICE BOX)	37
	-
	
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>'88:</u>
Name of New Registered Agent	
(Florida s	street address)
NA New Registered Office Address:	, Florida
	(City) (Zip Code)
Non-Book and Anna Oct of the Control	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
, , , , , , , , , , , , , , , , , , , ,	3
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.

Example: X-Change	PT	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>	Address
1) Change	Р	Ngoc Trang Lau	4300 S Jog Rd
Add			Unit 541794
X Remove			Greenacres, FL 33454
2) X Change	Р	Mark A. Seymour	4300 S Jog Rd
Add			Unit 541794
Remove			Greenacres, FL 33454
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
NA	
	
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 If an amendment provides for an exch provisions for implementing the amer 	ange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	
NA	
	T

	09/01/2019	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	9/01/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/02/20	019	
Dated		
	An	
Signature	a director, president or other officer – if directors or officers have not been	
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Ngoc Trang Luu	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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