P190000 42394

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S. YOUNG

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	110N: 5top R: P190000	and Win	, Inc.
DOCUMENT NUMBE	R: P19000	42394	
	Amendment and fee are sul		
Please return all correspo	ndence concerning this ma	tter to the following:	
	Brel	Name of Contact Person	
_		Name of Contact Person	1
_	2151	Firm/Company University	Bluds
	Jack	Address /	
		City/ State and Zip Cod	ਦ ਦ
For further information c	E-mail address: (to be us oncerning this matter, pleas	sed for future annual report se call:	notification)
Bret	t Bacc	at (904	de & Daytime Telephone Number
Name of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment of State:
\$35 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)
Amenc Divisio P.O. B	g Address Iment Section on of Corporations ox 6327	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tailaha	issee, FL 32314	2415 1	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

Stop and W	in, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P190000423	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Pheonix 2.	Inc.
name must be distinguishable and contain the word "corporation," co	
B. Enter new principal office address, if applicable:	4043 NW Blitchton Rd.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ocala, FC 34475
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address and registered agent and/or registered office address agent and/or registered office address agent and/or registered office address agent agent and/or registered office address agent agen	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Fiorida stree	et address)
New Registered Office Address:	Florida
	City) (Zip Code)
Nam Bogistand Company Classical St. 18 18 18 18	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	, , ,
0: 214 0	· · · · · · · · · · · · · · · · · · ·
Signature of New Res	ristered 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			
12011010			

Attach additiona	adding additional Authorial Authorial Authorian Authoria	v). (Be specific)			

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F a.m. a.m.a.m.d					
orovisions for	nt provides for an e implementing the a	niendment if not a	cauon, or canceus contained in the ar	itton of issued sha: nendment itself:	es,
(if not appl	licable, indicate N/A)			Mental Habita	
					
 -					
			<u> </u>		
					
					

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The date of each amendment(s) adoption:	1/3	7070	, if other than
date this document was signed.	1/3	2027	
Effective date <u>if applicable</u> :	(no more than 90	days after amendment file	date)
Note: If the date inserted in this block doe document's effective date on the Departmen		able statutory filing requir	ements, this date will not be listed as
Adoption of Amendment(s) ((CHECK ONE)		
The amendment(s) was/were adopted by by the shareholders was/were sufficient		number of votes east for t	he amendment(s)
The amendment(s) was/were approved by must be separately provided for each voice.			
"The number of votes cast for the a	imendment(s) was/wer	e sufficient for approval	
by	(voting group)		
•	(voting group)		
☐ The amendment(s) is/are being filed purs	suant to s. 607.0120 (1	1) (e), F.S.	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or b	oard of directors without s	hareholder action and shareholder
Dated 1/2	2020		
Signature		er – if directors or officers	have not been
	incorporator – if in the iary by that fiduciary)	hands of a receiver, truste	e, or other court
	Grorg	mame of person signing)	vd
	(Typed or printed n	name of person signing)	
	resident		
	f person signing)		

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