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Office Use Only



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# CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 917462

AUTHORIZATION

COST LIMIT :

ORDER DATE: September 13, 2019

ORDER TIME : 9:42 AM

ORDER NO. : 917462-005

CUSTOMER NO: 7538715

## DOMESTIC AMENDMENT FILING

NAME: SAUCY PIAFFE, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

### **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: \_ P19000046328 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation

of

Saucy F	l'affe, Inc.
· · · · · · · · · · · · · · · · · · ·	filed with the Florida Dept. of State)
P19000	046308
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	Identity, Inc.
ST Rhodes	Equestrian The new
A. If amending name, enter the new name of the corporation:  ST Rhodes  name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o . A projessional corporation name musi comuni the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N I A
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 new registered agent and/or the new registered office address:	NIA IN SEP 16 AF 10 OF 15 SEP 16
Name of New Registered Agent	NIA
Nume of New Negastrea Agent	
(Florida street	t address)
New Registered Office Address:	ity) (Zip Code)
· ·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	NIA
Signature of New Reg	istered 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 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>		<u>Addres</u> s	
1) Change			NIA		
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					<u></u>
4) Change					
Add					
Remove					
5) Change			*****		
Add					
Remove					
5) Change					
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Remove					

Attach additional sheets, if necessary). (	Be specific)	NIA	
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	ge, reclassifica	tion, or cancellation of issued shares.	
an amendment provides for an exchan			
rovisions for implementing the amends	nent if not cor	ntained in the amendment itself:	
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an amendment provides for an exchang rovisions for implementing the amends (if not applicable, indicate N/A)	nent if not col	ntained in the amendment itself:	

The date of each amendment(s) adoption:date this document was signed.	NIA	, if other than the
Effective date if applicable:	NIA	
	than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco		this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE	()	
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	rs. The number of votes east for the amend	ment(s)
The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entit		
"The number of votes cast for the amendment(s) w	as/were sufficient for approval	
by(voting group)		
(voting group)		
☐ The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	rs without shareholder action and sharehold	der
Dated_ 9 13 19	) ()	
Signature(By a director, president or other	er officer – if directors or officers have not	been
selected, by an incorporator – i	f in the hands of a receiver, trustee, or other	
appointed fiduciary by that fidu		
	Iliam D. Buard	14
(Typed or pi	rinted name of person signing)	
	eneral Counsel	
(	Title of person signing)	

# COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Squ	y Piaffe, Inc.
DOCUMENT NUMBER: P1900	00046328
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
34s Nia	Address  Sara Falls, New York 14303  City/ State and Zip Code  Card @ Scrard aw. Com  d for future annual report notification)
E-mail address: (to be use For further information concerning this matter, please	
William D. Berged III. Name of Contact Person	at (716) 285-3288 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable 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 Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301