(19000 48377

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5. HUNT 08/12/24

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Embroidery Place	inc.		
DOCUMENT NUM	IBER: P19000048377			
The enclosed Article	s of Amendment and fee are su	abmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Joe Garrison			
	·	Name of Contact Pers	son	
	Embroidery Place Inc.			
	PO BOX 510			
		Address		-
	DUNDEE FL 33838			,
		City/ State and Zip Co	ode	
				•
	raven@garrisonland.com, joe			
	E-mail address: (to be us	sed for future annual repo	rt notification)	
For further information	on concerning this matter, pleas	se call:		() C
Joe Garrison		at (<u>863</u>	Sode & Daytime Telephon	
Name	of Contact Person	Area C	ode & Daytime Telephon	e Number
Enclosed is a check f	or the following amount made	payable to the Florida De	partment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 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		Amer Divis The C 2415	t Address adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite hassee, FL 32303	e 810

Articles of Amendment to Articles of Incorporation of

(Name	of Corporation as current	ly filed with the Florida De	pt. of State)
P19000048377			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new r	name of the corporation:		
			The new
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	" or the abbreviation "Corp"
B. Enter new principal office address. (Principal office address MUST BE A S			
(Transpar office unavers areas be A.	TRLET ADDRESS)		3
		 .	· · · · · · · · · · · · · · · · · · ·
			·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 510	
		DUNDEE FL 33838	<u> </u>
			- F)
		 	(r) (r)
D. If amending the registered agent as	nd/or registered office add	ress in Florida, enter the na	ime of the
new registered agent and/or the ne	w registered office address	:	
Name of New Registered Agent	JOE GARRISON		
	2062 E EDGEWOOD DR	VE	
	(Florida str	eet address)	
New Registered Office Address:	LAKELAND		33803
New Registered Office Address.		(City)	_, Florida
			. , ,
New Registered Agent's Signature, if c	hanging Registered Agent		
I hereby accept the appointment as regist	tered agent. I am familiar v	with and accept the obligation	ns of the position.
	1 1		
	of A mone	,	
- (Signature of New R	egistered Agent, if changing	
	Signaline of New Ki	.g.o.ereu agent, ij chunging	
Check if applicable		.a. 11 6	
☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e), r.S.	

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addrcş</u> s
1) Change	P	DENA DECAMP	395 OSPREY LANDING WAY
Add			LAKELAND FL 33813
X Remove			
2) Change	P	JOE GARRISON	PO BOX 510
X Add			DUNDEE FL 33838
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			- <u>N</u>
Add			r., 5
Remove			

E. <u>If</u>	amending or adding additional Articles, enter change(s) here:
(A	ttach additional sheets, if necessary). (Be specific)
	
a if	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
. <u></u>	rovisions for implementing the amendment if not contained in the amendment itself:
_	(if not applicable, indicate N/A)
	

The date of each amendmen date this document was signed	t(s) adoption:	, if other than the
date this document was signed	 07/30/2024	
Effective date if applicable:		.
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	ce approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	٠\$
		.!
5 .	· ·	••
Dated		,
0.	Averthouse	1.57
Signature	a director, president or other officer - if directors or officers have not been	<u></u>
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	69
ar	pointed fiduciary by that fiduciary)	
•		<u>.</u>
	JOE GARRISON	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	