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LI AHASSEE, FLORE

FILED

Amend

JUL 26 2019

COVER LETTER

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: De disk Ba	othersjine	
DOCUMENT NUMBE	r: <u>P 1900003</u>	5366	-
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mut	ter to the following:	
_	Kerdin	Name of Contact Person	
· —		-	
_	509 Fast	magnelia chi	x cpt ck7
_	Tellahassee	Address F1 32301 City/ State and Zip Code	
		col 1 (Jour Long) report	
For further information c	concerning this matter, pleas	se call:	
hendric Name of	1 Davis Contact Person	at (<u>850</u> Area Co) <u>688-5334</u> de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section		Address Iment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Name of Composition of August	filed with the Florida Dept. of State)
DIVISED THE	
	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "tword "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1930 South Mancoe St. Tullahassee Fl 32301
	_ lollaressec +1 30501
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	po Box 2842 Tollahassee
	F1 32316
D. If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	i Pur 📆
Name of New Registered Agent	
	vet address)
,	ma - m
New Registered Office Address:	Ciny Florida 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	in the control of the position.
i nereoy accept the apparament as registered agent. I am familia	and accept the confirment of the position
Signature of New I	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> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Pres Brian Magueon	509 East magnotic drive
Add Remove		apt closs
2) Change Add		
Remove		
3) Change		
Remove		
4) Change		
Add Remove		
5) Change		
Add		
Remove		
6) Change Add		
Remove		

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (If not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	- <u></u>
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	1,51
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	rent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-26-19	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	ı urt
(Typed or printed name of person signing)	
(Title of person signing)	

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