# P19000076909

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### **COVER LETTER**

| Division of Corporat   | ý<br>ions                                   |  |   |  |  |  |
|--|---|--|---|--|--|--|
| NAME OF CORPORAT   | 10N: Anderschelle Ent                       | erprises Inc.  | <i>,</i><br>  |  |  |  |
| DOCUMENT NUMBER  | P19000076909                                |  |   |  |  |  |
| The enclosed Articles of A   | Amendment and fee are su                    | bmitted for filing.  |   |  |  |  |
| Please return all correspor  | ndence concerning this ma                   | tter to the following:   |   |  |  |  |
| Sus  | an M Harrison                               |  |   |  |  |  |
|  |   | Name of Contact Persor   | 1   |  |  |  |
| An   | derschelle Enterprises Inc.                 |  |   |  |  |  |
|  | Firm/ Company                               |  |   |  |  |  |
| 865  | 8659 W Longfellow Street                    |  |   |  |  |  |
|  |   | Address  |   |  |  |  |
| Но   | mosassa FL 34448                            |  |   |  |  |  |
|  | City/ State and Zip Code                    |  |   |  |  |  |
| wh   | celsndealscr@gmail.com                      |  |   |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)   |  |  |  |
| For further information ec   | ncerning this matter, pleas                 | se call:   |   |  |  |  |
| Susan M. Harrison  |   | at (217  | 377-2597<br>de & Daytime Telephone Number   |  |  |  |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number   |  |  |  |
| Enclosed is a check for th   | e following amount made                     | payable to the Florida Depa  | artment 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street   | Address   |  |  |  |
|  |   | Amend  | ment Section  |  |  |  |
|  |   |  | n of Corporations   |  |  |  |
|  |   |  | entre of Tallahassee  |  |  |  |
|  |   | 2415 N. Monroe Street, Suite 810                                   |   |  |  |  |

Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

| Anderschene Enterprises Inc.  |                         |                                     |   |
|---|-------------------------|-------------------------------------|---|
| ( <u>Name</u>   | of Corporation as cu    | rrently filed with the Flor         | ida Dept. of State)   |
| P19000076909  |                         |                                     |   |
|   | (Document Nun           | nber of Corporation (if know        | xn)   |
| Pursuant to the provisions of section 607 its Articles of Incorporation:  | .1006, Florida Statutes | s, this <i>Florida Profit Corpo</i> | ration adopts the following amendment(s) to   |
| A. If amending name, enter the new n  | ame of the corporation  | on:                                 | art.  |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "(<br>"chartered," "professional association, | Corp," "Inc," or "Co    | o". A professional corpo            |   |
| B. Enter new principal office address,  | if applicable:          | N/A                                 |   |
| (Principal office address MUST BE A STREET ADDRESS)   |                         |                                     | 78  |
| C. Enter new mailing address, if appl   |                         | N/A                                 | TOTAL |
| (Mailing address <u>MAY BE A POST</u>   | <u>OFFICE BOX</u> )     |                                     | FROM PROPERTY OF THE PROPERTY |
| D. If amending the registered agent an new registered agent and/or the new  |                         |                                     | the name of the   |
| Name of New Registered Agent  | Susan M Harrison        |                                     |   |
|   | 8659 W Longfellow       | St                                  |   |
|   | (Flor                   | ida street address)                 | <del></del>   |
| New Registered Office Addres  | Homosassa               |                                     | 34448<br>Florida  |
| <u>New Registerea Office Adaress</u> :  |                         |                                     | (Zip Code)  |

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

### Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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)

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 Address Type of Action Title <u>Name</u> (Check One) 8659 W Longfellow St Keith A Brown 1) \_\_\_\_ Change Homosassa FL 34448 \_\_\_\_ Add \_ Remove PTS Susan M Harrison 8659 W Longfellow St 2) X \_\_ Change Homosassa FL 34448 \_\_\_\_ Add \_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove

| (At            | ending or adding additional Articles, enter change(s) here;<br>h additional sheets, if necessary). (Be specific)  |  |
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| r. <u>11 a</u> | imendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: |  |
| <u> P1</u>     | if not applicable, indicate N/A)  |  |
| 10007          |   |  |
| 100%           | shares held by Susan M Harrison   |  |
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|  | February 01, 2020  |                                   |
|--|--|-----------------------------------|
| The date of each amendment(s date this document was signed.        | ) adoption:  | , if other than the               |
| Effective date if applicable:                                      | February 01, 2020  |                                   |
|  | (no more than 90 days after amendment file date)   |                                   |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, the Department of State's records.   | is date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |                                   |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators, or board of directors without shareholder  | action and shareholder            |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes cast for the amendnesufficient for approval.  | nent(s)                           |
| · · · · · · · · · · · · · · · · · · ·                              | approved by the shareholders through voting groups. The following sta<br>for each voting group entitled to vote separately on the amendment(s):          | itement                           |
| "The number of votes c   | ast for the amendment(s) was/were sufficient for approval  |                                   |
| by   | ,,,  |                                   |
|  | (voting group)   |                                   |
|  | a director, president or other officer = if directors or officers have not betted, by an incorporator – if in the hands of a receiver, trustee, or other |                                   |
|  | cited, by an incorporator – If in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)   | court                             |
|  | Susan M. Harrison  |                                   |
|  | (Typed or printed name of person signing)  |                                   |
|  | President  |                                   |
|  | (Title of person signing)  |                                   |