P19000090696

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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20 July 10: 46

R. WHITE JAN 28 CO

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

is enclosed)

Articles of Amendment

to

Articles of Incorporation

_	of	,	•	
DO CHESTO!	JT SC	LDD .		
(Name of Corpo	oration as currently f	iled with the Plorid	a Depts of State): 1.6	
P19060(19/1/19/)	. 0 3 17 10 4 0	
(D	Pocument Number of C	orporation (if know	1)	_
Pursuant to the provisions of section 607,1006, Flits Articles of Incorporation:	lorida Statutes, this Fla	orida Profit Corpora	tion adopts the following an	endment(s) to
A. If amending name, enter the new name of t	the corporation:			
			The	e new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the c	"Inc," or "Co". A p	ipany," or "incorpoi rofèssional corpora	rated" or the abbreviation "C tion name must contain the	Torp.," v word
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>	<u>cable;</u> [<u>ADDRESS</u>]			
				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E DAY.			
(21410) 4411 (25) 5211 (25) (17 (37 (37 (17 (25)))	<u> </u>			
	_			
			-	
D. If amending the registered agent and/or rec	vistered office address	sin Florida, enter tl	ne name of the	
new registered agent and/or the new registe	ered office address:	, marting effect to	ic mine of the	
Name of New Registered Agent				
	· · ·			
	(Florida street a	address)		
New Registered Office Address:			Clarida	
New registered conce Address.	(Cit	(Y)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing thereby accept the appointment as registered age	Registered Agent:	and against the ablic	nation of the position	
and the second s	m. Tum jumma wan	ana uccepi ine omig	auoms of the position.	
•	Signature of New Regis	tered Agent, if chang	ging	

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; Y = Vice(President; T + Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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 Doc 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 Doc \underline{V} X Remove Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) MHN 1) ____ Change ___ Add 2) ____ Change ____ Add _ Remove 3) ____ Change ____ Add

Page 2 of 4

E.	<u>II :</u>	<u>ımen</u>	ding or	<u>adding</u>	<u>additional</u>	Articles,	enter	change(s) her	<u>e</u> :
									_

(Attach additional sheets, if necessary). (Be specific)

__ Remove

___ Remove

Remove

4) ____ Change

____ Add

		
		<u> </u>
		
		
		
		
(if not applicable, indicate NA)		
		
		-
		
		· · · · · · · · · · · · · · · · · · ·
		 -
	Page 3 of 4	
ne date of each amendment(s) adoption: to this document was signed.		, if other than t
Port of the state		
ffective date <u>if applicable</u> ;		

Note: If the date inserted in this block of document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☑ The amendment(s) was/were adopted to by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) at for approval.
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	camendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted to action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated /2/2	3/2019
seleyfed, by a	president or other officer – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court
app òin ted fid	uciary by that fiduciary)
	(Typed or printed name of person signing)
(Title	of person signing)