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	CERTIFIED COPY		
x	РНОТОСОРУ		<u> </u>
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x	FILING	INC / AMENDMENT	
ī	LYLE SCHEIDEMAN,	INCORPORATED	
((CORPORATE NAME AND DOC	UMENT #)	
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	CORPORATE NAME AND DOC	LIA (PAPP 4)	

COVER LETTER

TO: Amendment Section Division of Corporations cheideman, Incorporated 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: City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person at (904) 805-4274 Area Code & Daytime Telephone Number 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)

Mailing Address

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

(Name of Company) and an amount flad	ponated	
(Name of Corporation as currently filed	with the Piorion Dept. of State	
P20000015101		
(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		_
name must be distinguishable and contain the word "corporation," "compan	" or "incomparated" on the abbraviation	_The new
"Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A profes "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		202
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	:	± 1
·	:	<u> </u>
D. If amending the registered agent and/or registered office address in l	Torida, enter the name of the	
new registered agent and/or the new registered office address:		ထ
Name of New Registered Agent		
CHILD ST. CO. THE ST. CHILDREN		-
(Florida street addr.		-
. (1700 data Street data)	33)	
N D (NOT All	, Florida	
New Registered Office Address:(City)	(Zip (~ .

☐ 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P \neq President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR \neq Trustee; C \neq Chairman or Clerk; CEO \neq Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) Change	<u>P</u>	Lyle Scheideman	11279 Chertsey La Jacksonville, Fl
Remove			37173
2) Change			
Add			
Remove 3) Change		-	
Add			
Remove 4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			 ,
Remove			

(Attach additional sheets, if nece.	nal Articles, enter chan ssary). (Be specific)	<u> </u>		
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If an amendment provides for provisions for implementing t	an exchange, reclassific	ation, or cancellation	of issued shares,	
(if not applicable, indicate	<u>ne amenoment ji not co</u> N/4)	ntained in the amend	ment itseit:	
(g not appricable, marcale	1-724)			
			<u></u>	
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			<u> </u>	
		, .		

late this document was signed.
Effective date if applicable: $7 - 74 - 7070$
(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 date will not be listed as locument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by life Schedeman " (voting group)
Dated 2:24-20-20
Signature 144 3
(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 court
appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)