P200000 22961

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COVER LETTER

Division of Corporations NAME OF CORPORATION: North Florida Asset Recovery Inc. 20000022961 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: iffany K McKinley North Florida Asset Recovery inc.
Firm/Company

2140 Nickerson Lane

Address Jacksonville, FL 32207
City/State and Zip Code Faragency (a) outlook com
il address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □S43.75 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 is enclosed)

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

Articles of Amendment to Articles of Incorporation

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	Asset Recovery	
(Name of Corporation as curre	ntly filed with the Florida Dept. of 8	tate)
	0022961	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.,	A professional cornoration name w	The new abbreviation "Corp" nust contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 392	2020 AU
	Jacksonville, FL 32234	\\\\\\\\\\
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ddress in Florida, enter the name of the	Fil 10: 32
Name of New Registered Agent 2140	Vickerson Lan	u.
New Registered Office Address: Jacksov	Street address) NINE, Florid (City)	la3220_7 (Zip Code)
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the	position.
- Xillo	Registered Agent, if changing	le
Check if applicable	\cup	\bigcup
☐ 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 = 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	PT John I	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	<u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	16	Tiffany K Mckinley	•
Add Remove			Jacksonville FL 32220
2) Change	UP	Tiffany K Mckinley	2140 Nickerson Lane
X Add			Jacksunville, Fl 32207
Remove Change	<u></u>	Branden D myers	13319 Old Plank Rel
Add			Jacksonville FL 32220
Remove 4) Change	<u> </u>	Brandon D myers	2140 Nickerson Lane
_ \ Add			Jacksonville, Fl 32207
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Ά.	additional sheets	s, if necessary).	(Be specific)				
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If an an	nendment provi	ides for an exc	hange, reclassif	ication, or canc	ellation of issued amendment itse	shares,	
(if	not applicable,	indicate N/A)	endiment is not	contained in the	amenument itse	<u>:11:</u>	
A							
<u> </u>			 -			·	
			<u>. </u>	 		· .	
				 			
							

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The date of each amendment(s) ac late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	e amendment(s)
	roved by the shareholders through voting groups. The foll each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DatedSignature	28/20 Tha Mm	
(By a/di selected	rector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	ave not been , or other court
	Brandon Myers (Typed or printed name of person signing)	
	P= President. (Title of person signing)	