P0000074279

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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·





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FILL FILL STATE SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	ration: <u>Fewer, Boll</u> Ber: <u>P000024</u> 2	·		_
	of Amendment and fee are su			_
Please return all corres	pondence concerning this ma	ter to the following:		
	Micha	el Bolling		
•		Name of Confact Persor	1	
	Fender Bolling	Name of Confact Person Name of Confact Person AN Paisa, P. A. Firm Company		
	U ¹	Firm/ Company		
	P.O. Box 21	Address City/ State and Zip Code		
		Address		
	1.101 .	1 3337/		~-3
	WESTON, 1	City/State and Zin Code		- SE 22
		Cityr state and zap Good	-	ACR TS
	milh election	ed for future annual report		P man
•	E-mail address: (to be us	ed for future annual report	notification)	
				70 P 11
For further information	n concerning this matter, pleas	e call:		SECRETARY OF STATE
Michael	Bolling of Contact Person	at 1734) 646-9311	35 F.
Name o	of Contact Person	Area Co	de & Daytime Telephone N	lumber
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address indment Section		Address ment Section	
	sion of Corporations		n of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Ferder Bolling and Poison P.A. (Name of Corporation as currently	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P0000024279	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida 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," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6256 S. Kanner Highway #376
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 266196 Weston, FL 33326
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent Chad Paida	
6256 S. Kanner (Florida stre	Highway # 376 Stand Ft 34447
	. Florida 34 997 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	Thrand accept the obligations of the position. Gistered 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	2 Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>/ Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change	P,UP	Fender, 6 Steven	P.O. Box 266196
Add			Wieson, FL 33326
Remove		_	
2) X Change	VP_	Bolling, Michael	P.O. Box 266196
Add		•	Waston, FL 33326
Remove Change			
Add			
Remove			
4) Change			2024 SEP SECRET
Add			ALL
Remove			AP
51 Change			PP PP
Add			mo w
Remove			- 35 - 35
6) Change		<u> </u>	
Add			
Remove			

tach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	1
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

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The date of each amendment(s) adoption: A-1-5+ 22, 2024 if other than the date this document was signed.
Effective date if applicable:
Ino 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 the document'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 east for the amendment(s) was/were sufficient for approval
by
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 court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing) Vice President APP SEPT (Title of person signing) SEPT SE

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