## PZ0000034085

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	<u> </u>
(Cit	ry/State/Zip/Phon	ne #)
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(Bu	isiness Entity Na	me)
(Do	cument Number	)
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Mission 2A, Inc.

NAME OF CORPORATION:

NAME OF CORPO	RATION:		
DOCUMENT NUM	P2000034085		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	David Miller		
		Name of Contact Persor	<u> </u>
	Mission 2A, Inc.		
		Firm/ Company	
	227 Gilmore Road		
		Address	•
	SANTA RSA BCH FL	32459	
		City/ State and Zip Code	:
Dav	rid@mission2a.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
David Miller		at (850	<sub>)</sub> 499-9515
Name	of Contact Person		le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
✓ ·\$35·Filing·Fee	Certificate of Status	\$43.75 Filing Fee & Certified Copy	S52.50 Filing Fee Certificate of Status

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **Street Address**

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

## **Articles of Amendment** to Articles of Incorporation

of

Mission 2A, Inc.		, and a second s	
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000034085			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following ame	
A. If amending name, enter the new na	ame of the corporation:		
		The	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbrev "Co". A professional corporation name must conta "P.A."	
R Enter new principal office address	if annlicable:	7901 4th St N	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		STE 300	
		St. Petersburg FL 33702	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N	
		STE 300	
		St. Petersburg FL 33702	
D. If amending the registered agent ar			
new registered agent and/or the ne	<del></del>		
Name of New Registered Agent	Northwest Registe	red Agent LLC	
	7901 4th St N STE	300	
		treet address)	
New Registered Office Address:	St. Petersburg	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if call thereby accept the appointment as registered.		(City) (Zip Code  st: r with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and titl 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as to a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	pr	John Dog	
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DS	EAMON PENLAND	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			*****
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)			
			-	<del></del>
			<del>''</del>	
<del></del>				
		-		
	<del></del>			
			•	
· · · · · · · · · · · · · · · · · · ·				
			<u> </u>	
in amendment provides for an excha	ange, reclassificatio	n. or cancellatio	n of issued shares	ī.
ovisions for implementing the amen	dment if not conta	ined in the amen	dment itself:	<b>-1</b>
(if not applicable, indicate N/A)				
			<del></del>	

The date of each amendment(s) date this document was signed.	adoption:, if c
Effective date if applicable:	
	(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, this date will not be Department of State's records.
Adoption of Amendment(s).	(CHECK ONE)
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated 6-19-2	2020
Signature	- in
(By a selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)
	David Miller
	(Typed or printed name of person signing)
	DP
	(Title of person signing)