P20 0000 48962

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2021 JUNE 10 PH 4: 35

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VILLAGER MOY	VER CORPORATION			
DOCUMENT NUMB					
	of Amendment and fee are s	ubmitted for filing.			
Please return all corres	pondence concerning this m	atter to the following:			
	SAMATHA A SULLIVAN				
-		Name of Contact Perso	on		
-	1621 NE 2ND STREET 401	Firm/ Company			
-	Address OCALA, FL. 34470				
-		City/ State and Zip Cod	le		
5	SULLIVS@YAHOO.COM				
-	E-mail address: (to be u	sed for future annual report	t notification)		
For further information	concerning this matter, plea	se call:			
SAMATHA A SULLIVAN		352	812-6981		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a cheek for	the following amount made				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

Articles of Amendment to Articles of Incorporation of

VILLAGER MOVER CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)	
P20000048962	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ng amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta "chartered," "professional association," or the abbreviation "P.A."	
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)	
). If amending the registered assert and the second	
 If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; 	
Name of New Registered Agent	
Name of New Registered Agent	_
(Florida street address)	_
N. Fr. J. J. Communication of the Communication of	
New Registered Office Address:, Florida	Code)
	·
aw Dogietared Course State of the Course of	2021 JULI 10
w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	ā
o game and accept the obligations of the position.	# ****
C'	P:1 4:
Signature of New Registered Agent, if changing	
heck if applicable	ω
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>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	MELANIE SULLIVAN	1621 NE 2ND STREET 401
X Add			OCALA, FL. 34470
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nal Articles, enter change(s) here: esary). (Be specific)
	
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an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
rovisions for implementing the :	amendment if not contained in the amendment itself:
(if not applicable, indicate N/A	(A)
	

06/05/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
was/were sufficient for approval	20
by	21
(voting group)	
06/05/2021	2021 JULI 10 PM 4:
Dated	_0
	- - -
Signature Amounty Sulhar	
(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)	
SAMATHA A SULLIVAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	