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DATE:

11/4/20

NAME:

TRIP S. INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Trip S, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Sparks Name of Contact Person Firm/ Company 130 Stanton Circle Address Oldsmar, FL 34677 City/ State and Zip Code sparxy51@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Sparks Name of Contact Person 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 Certified Copy (Additional copy is enclosed) (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

	of Mid tab ab Mind Plant of Canan
	urrently filed with the Florida Dept. of State)
20000078108	
(Document Nut	imber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statute Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amend
If amending name, enter the new name of the corporati	den:
	The I
	ion," "company," or "incorporated" or the abbreviation "Cor _l Co". A professional corporation name must contain the w "P.A."
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	30
	-1
If amending the registered agent and/or registered office	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	agress:
Name of New Registered Agent	
	نسم د. ــــــــــــــــــــــــــــــــــــ
(Flo	orida street address)
New Registered Office Address:	, Florida

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	PT John	n Doe	
X Remove	Y Mik	se Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	P. Dir	Christopher Stine	18006 Pinnacle Court
Add			Tampa, FL 33647
Remove			
2) X Change	VP, Dir	Robert Sparks	130 Stanton Circle
Add			Oldsmar, FL 34677
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
_		
· Kanam	cadment provides for an exchange, reclassification, or cancellation of issued shares.	
provisio	ons for implementing the amendment if not contained in the amendment itself:	
(if r	not applicable, indicate N/A)	

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The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date ariment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cust for the amendment(s) icient for approval.	
The amendment(s) was/were appro- must be separately provided for e-	oved by the shareholders through voting groups. The following statement out witing group entitled to vote separately on the amendment(s):	,
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/03/2020 Dated		
Signature	1/1/	
(By a dire	etor, president or other officer - it directors or officers have not been	
selected, appointer	by an incorporator – if in the hands of a receiver, trustee, or other court f fiduciary by that fiduciary)	
C	hristopher Stine	
_	(Typed or printed name of person signing)	
Р	resident / Director	
-	(Title of person signing)	

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