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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

0 1	7	
NAME OF CORPORATION: <u>PFC HIS</u>		
document number: <u>£200060865</u>	120	
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ANTHONY 5	. GPRGANO Name of Contact Person	
ľ	Name of Contact Person	
ANTHONY J	Firm/ Company	
	Firm/ Company	
2240 NEST	1=1,CST ST STE 501	
	Address	
FUKT MILL	City/ State and Zip Code	
	City/ State and Zip Code	
A A A		
E-mail address: (to be u	JOD (TAKGA JOLIAN) COM used for future annual report notification)	
	·	
For further information concerning this matter, plea	ase call:	
CHRIS BLAUVELT	at ( 239 ) 9/0-8933	
Name of Contact Person	at ( <u>Z-39</u> ) <u>9/0 - 893 3</u> 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 & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

(Name of Corporation ás cur	rrently filed with the Fl	orida Dept. of State)	
P20000804Z			
	ber of Corporation (if k	nown)	
ursuant to the provisions of section 607.1006, Florida Statutes s Articles of Incorporation:	, this <i>Florida Profit Cor</i>	poration adopts the foll	owing amendment(s
If amending name, enter the new name of the corporation	on:		
			The new
ame must he distinguishable and contain the word "corporatio Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "	". A professional cor		
Enter new principal office address, if applicable:		·	
Principal office address <u>MUST BE A STREET ADDRESS</u> )			T-7
			·•
. Enter new mailing address, if applicable:			21
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<del></del>
			: - 
		-	
	<u> </u>		<u></u>
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ter the name of the	
new registered agent and/or the new registered office ad	aress.		
Name of New Registered Agent	<del></del>		<del></del>
(Flor	ida street address)		
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
w Registered Agent's Signature, if changing Registered A	Voent:		

Signature of New Registered 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP,D	GREGORY J JEFFLOTT	5031 S. CLEVELAND ANE
Add		•	5031 S. CLEVELAND ANE FOR I MYERS, FL 33907
Remove			<del></del>
2) Change	VPD_	CARW BENZA	5031 S. CLEVERANS AVE
<b>X</b> Add			FORT MYERS, FL 33917
Remove Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<del></del>	
f an amendment proyides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	<del></del>
	<del></del>
<del></del>	<del></del>
	<del></del>
<del></del>	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 9t) 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.	ı and shareholder
☐ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	ri I
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated /2/15/25  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)	
(Typed or printed name of person signing)	
- Heisent	
(Title of person signing)	