## P20 000098342

(Requestor's Name)
(Address)
(Hadioda)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800380584028

01/28/22--01016--013 \*\*35.00

2022 JAN 28 PM 2: 48

Hhund

FEB 1 0 (02)

## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: THE CROWNE INC DOCUMENT NUMBER: P20000098342 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOUIS ALFRED NICKOLAS STALWART Name of Contact Person THE CROWNE INC Firm/ Company 5727 SW 27TH ST Address WEST PARK, FL., 33023 USA City/ State and Zip Code thecrowneinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOUIS ALFRED NICKOLAS STALWART at ( 954 ) 766 3882

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **S**35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

THE CROWNE INC.

THE CROWNE INC		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P20000098342		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	ais Florida Profit Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the corporation:	<u>.</u>	
THE CROWN OF STALWARTLAND INC		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must	reviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		~··
		<u>8</u>
C. Enter new mailing address, if applicable:	5727 SW 27TH ST	28 7
(Mailing address MAY BE A POST OFFICE BOX)		
	WEST PARK, FL.	SSE T
	33023 USA	772
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		
Name of New Registered Agent		
(Florida	i street address)	<del></del>
New Registered Office Address:	. Florida	
A THE MERCHANICAL PROPERTY OF THE PROPERTY OF	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familie		sition
Signature of New	v 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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	<u> </u>
Add			
Remove			

. <u>If amending or adding additional Ar</u> (Attach <i>additional sheets, if necessary</i> ).	(Be specific)
-	
If an amendment provides for an eve	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am	endment if not contained in the amendment itself;
(if not applicable, indicate N/A)	

٠.

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharehold	der action and shareholder
■ The amendment(s) was/were add by the shareholders was/were st	pted by the shareholders. The number of votes cast for the amen flicient for approval.	idment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<del>.</del> .	
•	(voting group)	
IS JANUA Dated	RY 2022	
	Halwart Rex	
selecto	rector, president or other officer – if directors or officers have no l, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary)	
	LOUIS ALFRED NICKOLAS STALWART	
	(Typed or printed name of person signing)	
	DPST	
	(Title of person signing)	

, , , , , ,