Pa1000019939

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



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: SLEIGH CORP | | | | |
|--|---|--|---|--|--|
| | IBER: P21000019939 | | | | |
| | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | itter to the following: | | | |
| | BLANE WHEELY | | | | |
| | Name of Contact Person | | | | |
| | | Firm/ Company | | | |
| | 3821 W PALMIRA AVE | | | | |
| | Address | | | | |
| | TAMPA, FL 33629 | | | | |
| | | City/ State and Zip Code | 2 | | |
| | BLANEWHEELEY@GMAI | L.COM | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, plea | se call; | | | |
| BLANE WHEELEY | | at (⁷²⁷ | 560-8438 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check I | or the following amount made | payable to the Florida Depa | artment of State: | | |
| s35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 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

FILED

| SLEIGH CORP | | 2021 840 17 AM 5 55 | | |
|---|-------------------------------|---|--|--|
| (Name | of Corporation as current | ly filed with the Florida Dept. of State | | |
| P21000019939 | SECRETARY OF STATE | | | |
| | (Document Number of | of Corporation (if known) ASSEE, FL | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | | The new | | |
| | Corp," "Inc," or "Co". | 'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 3821 W PALMIRA AVE | | |
| | | TAMPA, FL 33629 | | |
| | | | | |
| | | | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | 3821 W PALMIRA AVE | | |
| | <u></u> | TAMPA, FL 33629 | | |
| | | | | |
| | | | | |
| D. If amending the registered agent as new registered agent and/or the new | | | | |
| | BLANE WHEELEY | <u>ua</u> | | |
| Name of New Registered Agent | <u> </u> | | | |
| | 3821 W PALMIRA AVE | reet address) | | |
| | TAMPA | 33629 | | |
| New Registered Office Address: | | (City) , Florida (Zip Code) | | |
| | | (City) | | |
| | | | | |
| New Registered Agent's Signature, if o | | | | |
| I hereby accept the appointment as regist | tered agent. I am familiar | with and accept the obligations of the position. | | |
| | | | | |
| 4 | | | | |
| ···· | Signature of New 1 | 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 | <u>PT</u> | John Doe | | |
|-------------------------------|-----------|---------------|--------------------|--|
| X Remove | <u>V</u> | Mike Jones | | |
| X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | Title | Name | Address | |
| 1) X Change | P | BLANE WHEELEY | 3821 W PALMIRA AVE | |
| Add | | | TAMPA, FL 33629 | |
| Remove | | | | |
| 2) Change | | | - | |
| Add | | | | |
| Remove 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding addition (Attach additional sheets, if necessity) | nai Ai ucies, emer e essarv). (Be specifi | ic) | | | |
|---|--|-------------------|---------------------|--------------------|----------|
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| If an amendment provides for | an exchange, reclas | sification, or ca | ancellation of issu | <u>ied shares.</u> | |
| provisions for implementing (if not applicable, indicate | the amendment if no | ot contained in | the amendment | itself: | |
| (y nor appreume, mateure | 1 | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| date this document was signed. | |
| 03/11/2021 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 appl document's effective date on the Department of State's records. | icable statutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or action was not required. | board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval. | he number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to | |
| "The number of votes cast for the amendment(s) was/w | ere sufficient for approval |
| by(voting group) | |
| (voting group) | · |
| Dated 3/11/2021 | |
| Signature | |
| | icer – if directors or officers have not been |
| selected, by an incorporator – if in t appointed fiduciary by that fiduciary | he hands of a receiver, trustee, or other court y) |
| BLANE WHEELEY | |
| (Typed or printed | name of person signing) |
| PRESIDENT | |
| (Title of person s | igning) |