## P21000025184

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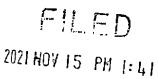
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Dickinson Enterprises Inc  |
|---|
| NAME OF CORPORATION: Dickinson Enterprises Inc  DOCUMENT NUMBER: P21000025184   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Brandon Dickinson  Name of Contact Person  Dickinson Enterprises Inc  Firm/ Company   |
| Dickinson Enterprises Inc Firm/Company  |
| 5758 Macigala Rd. Address   |
| Jacksonville, F.L. 32209 City/ State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Biandon Nickin Sen at (904) 610 · 1056  Name of Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| \$35 Filing Fee   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

## Articles of Amendment Articles of Incorporation



| Mickinson Enterprises Inc.   | SECRETARY OF STATE AND STATE OF STATE O |
|--|--|
| (Name of Corporation as curren   | thy filed with the Florida Dept. of State  |
| 121000025184   |  |
| (Document Number   | of Corporation (if known)  |
| ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s)   |
| If amending name, enter the new name of the corporation:   |  |
|  | The new  |
| ame 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. | "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word   |
| Enter new principal office address, if applicable:   | NA   |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )   | NA   |
|  | A <sub>1</sub> V <sub>1</sub>  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 5224 Rey C. Stallings Jr. St.  |
|  | Hope Mills, NC. 28348  |
|  |  |
| If amending the registered agent and/or registered office address new registered agent and/or the new registered office address  | tress in Florida, enter the name of the  |
| Name of New Registered Agent Ny  | <del></del>  |
| NA   |  |
|  | reet address)  |
| New Registered Office Address: NF  | , Florida NA   |
|  | (City) (Zip Code)  |
|  |  |
| ew Registered Agent's Signature, if changing Registered Agent  | <b>t</b> :   |
| ereby accept the appointment as registered agent. I am familiar  | uith and accept the obligations of the position.   |
|  |  |
| 4N   |  |
| · ~\-\-\-  | 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 Doc         |                            |
|-------------------------------|-----------|------------------|----------------------------|
| X Remove                      | <u>V</u>  | Mike Jones       |                            |
| _X Add                        | <u>SV</u> | Sally Smith      |                            |
| Type of Action<br>(Check One) | Title     | Name             | <u>Addres</u> s            |
| 1) Change                     |           | Braden Dickinsus | 5224 Ray C Siotlings J. Si |
| 1 Add                         |           |                  | Hipe Mills, NC 28343       |
| Remove                        |           |                  |                            |
| 2) Change                     |           |                  |                            |
| Add                           |           |                  |                            |
| Remove 3) Change              |           |                  |                            |
| Add                           |           |                  | <del></del>                |
| Remove                        |           |                  |                            |
| 4) Change                     |           |                  |                            |
| Add                           |           |                  |                            |
| Remove                        |           |                  |                            |
| 5) Change                     |           |                  |                            |
| Add                           |           |                  |                            |
| Remove                        |           |                  |                            |
| 6) Change                     |           |                  |                            |
| Add                           |           |                  |                            |
| Remove                        |           |                  |                            |

| The date of date this doc | each amendment(s) adoption: (Cotobs, 13,202) ument was signed.  | , if other than th           |
|---------------------------|---|------------------------------|
| Effective da              | te <u>if applicable</u> : \(\left(\tau \frac{1}{2}\tau \right) \right)\) (no more than 90 days after amendment file date)   |                              |
|                           | date inserted in this block does not meet the applicable statutory filing requirements, this dateffective date on the Department of State's records.  | ate will not be listed as th |
| Adoption of               | Amendment(s) (CHECK ONE)  |                              |
|                           | ndment(s) was/were adopted by the incorporators, or board of directors without shareholder actions not required.  | on and shareholder           |
|                           | ndment(s) was/were adopted by the shareholders. The number of votes east for the amendment (archolders was/were sufficient for approval.  | (s)                          |
| ☐ The amer must be:       | ndment(s) was/were approved by the shareholders through voting groups. The following statem separately provided for each voting group entitled to vote separately on the amendment(s):                                    | ent                          |
| "Tł                       | ne number of votes cast for the amendment(s) was/were sufficient for approval   |                              |
| by                        | (voting group)  |                              |
|                           | (1000) 6 00 17  |                              |
|                           | Dated Colober 13, 2021  |                              |
|                           | Signature / -   |                              |
|                           | 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 cou appointed fiduciary by that fiduciary) | ır1                          |
|                           | (Typed or printed name of person signing)   |                              |
|                           | (Title of person signing)   |                              |