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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Palm Natio	nal Developments,	Inc.
DOCUMENT NUMBER:	***	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Jasmine Jame	es	
	Name of Contact Persor	1
	Firm/ Company	
1712 Pioneer	Ave	
Cheyenne, W	Address Y 82001	
	City/ State and Zip Code	e
1:-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
Jasmine James	at (307	632-3333
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:
\$35 Filing Fee S43.75 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	· · · · · · · · · · · · · · · · · · ·	Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Palm National D	evelopments,	Inc.
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N.	ame of	Corporatio	n as	currently	filed	with t	the	Florida	Dent	of State)
(1.4	THE OF	COLDOLATION	4.7	CULICILLY	THICK	** ** * *		LIVIIUA	17 ( 17 ) ,	vi viatel

•	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment			
A. If amending name, enter the new na	me of the corporation:				
	orp," "Inc," or "Co"				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6303 Blue Lagoon Drive			
(*************************************	<u></u> ,	Suite 400			
		Miami, FL, 33126			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6303 Blue Lagoon Drive			
· · · · · · · · · · · · · · · · · · ·		Suite 400			
		Miami, FL, 33126			
D. If amending the registered agent an new registered agent and/or the new					
Name of New Registered Agent	Northwest Regist	tered Agent LLC			
	7901 4th St N ST	E 300			
•		reet address)			
New Registered Office Address:	St. Petersburg	, Florida 33702			
		(City) (Zip Code)			
New Registered Agent's Signature, if ch I hereby accept the appointment as registe					
	Signature of New R	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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SD	Gerald Pitts	1712 Pioneer Ave Ste 7000
Add			Cheyenne, WY 82001
Kemove			
2) Change	P D	CLARENCE LOWRY	6303 Blue Lagoon Drive Suite 400
			Miami, FL, 33126
Remove 3) Change			
Add			
Remove			
4) Change			30
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
			_
	<del></del>		
			_

	20
The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date 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 was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval by	FILED PH 4: 30
(voting group)  Dated 05/09/2022	h: 30
Signature  (By a director, president other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Gerald Pitts	
(Typed or printed name of person signing)	
Secretary/Director	
(Title of person signing)	