P21000092080

(Re	questor's Name)		
(Ad	dress)	<u> </u>	
(Ad	dress)		
(Cit	ry/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

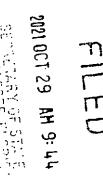
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amend



A. RAMSEY NOV 1 0 2021

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Kristal Hines PA POCUMENT NUMBER: P210000 92080
DOCUMENT NUMBER: P210000 92080
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kristal Hines Name of Contact Person Kristal Hines, PA Firm/ Company
11648 Pine Acres Road #26
Jackson ville, Fl. 32223 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristal Hines at 904 238-9934 Name of Contact Person Area Code & Daytime Telephone Number
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 \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

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of DO

2021 OCT 29 AM 9: 44

Mustal H	ines PA.		NI 3: 44
(Name of Corpo	ration as currently	filed with the Flo	rida Dept. of State)
P210	000920	280	Mossee of Allife
(D	ocument Number of	Corporation (if kno	own)
Pursuant to the provisions of section 607,1006, FI ts Articles of Incorporation:	orida Statutes, this I	Florida Profit Corpo	oration adopts the following amendment
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc," or "Co". A	ompany," or "incor professional corpo	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		 ;	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
D. If amending the registered agent and/or registered agent and/or the new registered			er the name of the
Name of New Registered Agent			
	(Florida stre	et address)	
New Registered Office Address:			. Florida
The state of the s		(City)	(Zip Code)
New Registered Office Address:		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing			
hereby accept the appointment as registered age			obligations of the position.
	Signature of New Re	vistered Avent, if c	hanging

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title (V) Name	Address 1 C T
1) Change	VD Jason Hines	11648 Pine Acres Rd
Add Remove		26; Jacksonville, Fl. 32273
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

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an amandma	ent provides for an	avahanga raalaa	cification or con	adlation of ices	ad charac	
rovisions for	implementing the	amendment if no	of contained in the	ne amendment i	tself:	
(if not app	licable, indicate N/	4)				
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requireme partment of State's records.	nts, 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 share	holder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the autificient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow 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	"	
•	(voting group)	
DatedO Signature(By a d	- 26-21 Landy irector, president or other officer – if directors or officers have	e not been
selected	d, by an incorporator - if in the hands of a receiver, trustee, or	
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	