## P22000011083

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## **COVER LETTER**

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: CITRUS SLIDERS	S. INC		
	BER: P22000011083			
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	espondence concerning this mat			
	JOHN A HERWALD			
		Name of Contact Person		
	CITRUS SLIDERS, INC	. vanc or contact i chissi		
	- CTTCOO GOTO STOCK	Firm/ Company		
	542 SOUTH BARBOUR	Time Company		
	312 30 011 13. 003 0010	Address	<del></del>	
	BEVERLY HILLS, FL 3446			
		City/ State and Zip Code		
	citrussliders@outlook.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
		252	110 0404	
JOHN HERWALD		at ( 352	) 229-0400	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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

FILE	
2022 DEC - 5 PM	Ś
Second S PM.	

(Zip Code)

CITRUS SLIDERS, INC (Name of Corporation as currently filed with the Florida Dept. of State) P22000011083 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent \_ (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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>	Name	<u>Addres</u> s
1) Change	VP	BRYAN GORAK	5401 WEST HEATHER RIDGE
Add			PATH
x Remove			LECANTO, FL 34461
2) Change			
Add			
Remove 3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Келюче			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	neets, if necessary).	(Be specific)			
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an amendment p	rovides for an exch	ange, r <u>eclassificat</u> i	ion, or cancellatio	n of issued shares	1
prov <u>isions for imp</u>	olementing the amer	<u>idment if not cont</u>	<u>ained in the amen</u>	<u>dment itself:</u>	
(if not applicat	ble, indicate N/A)				
	<u> </u>			<del></del>	_ <del>-</del>
				<del>.</del>	<u></u> .

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• • •	11/28/2022	
The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blocument's effective date on the De	ock 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 ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendation of the approval.	dment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s	statement ;):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated		
selected	rector, president or other officer – if-directors or officers have no l, by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
արթոււ	JOHN A HERWALD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
	(True of person signing)	