## P220000H1293

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YOUR LOCAL SITTER INC			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Carlie Lewis Name of Contact Person			
Your Local Sitter Inc Firm/ Company			
6271 St. Augustine Rd. 24-1032			
Jacksonville, FL 32217  City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Carlie Lewis at 904 487-4424  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:			
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  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

Articles of Incorporation of

EII	U
2022 OCT 24	PH 12: 52

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Your Local	Sitter Inc	SECRE- 1 PH 12: 52
	as currently filed with the Florida DOD41293	Dept. of State AHASSET
	nt Number of Corporation (if known	)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporat	ion adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ocration:	
		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc." of "chartered," "professional association," or the abbrevio	or "Co". A professional corporat	
B. Enter new principal office address, if applicable:	7643 Ga	te PKWY
(Principal office address MUST BE A STREET ADDR.	Suite 101	4-1032
	Jacksoni	ille, FL 32256
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	71043 Ga	te PKWY
	Suite 104	1-1032
	Jacksonvi	11e, FL 32256
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		e name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
New Registered Office Address.	(City)	(Zip Code)
Now Desistand towards Company of shamping Degistra	ared Agants	
New Registered Agent's Signature, if changing Registor I hereby accept the appointment as registered agent. La.	m familiar with and accept the oblig	ations of the position.
		<del> </del>
Signatui	re of New Registered Agent, if chang	ing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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  $\underline{\mathbf{V}}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address. <u>Name</u> (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add ... Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	<u></u> .
	<del></del>
f 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)	

.

The date of each amendment(s) ac	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	vent file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	opted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes caufficient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups.  each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appr	roval
by	(voting group)	·•
	(voting group)	
Dated	9/22 Pertir Lerui	
(By a di selected	rector, president or other officer – if directors or o l, by an incorporator – if in the hands of a receiver ed fiduciary by that fiduciary)	
	Carlie Lewis (Typed or printed name of person signi	ng)
	President (Title of person signing)	