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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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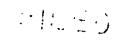
A. RAMSEY FEB -8 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: EVES RETREAT	INC				
	JMBER: P22000074903					
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.				
Please return all c	orrespondence concerning this ma	itter to the following:				
	EDIE MARSHALL					
	Name of Contact Person					
	TAX MARSHALLS INC					
	Firm/ Company					
	3480 DEPEW AVE					
	Address					
	PORT CHARLOTTE, FL 33	952				
		City/ State and Zip Cod	e			
	INFO@TAXMARSHALLS.	СОМ				
	E-mail address: (to be u	sed for future annual report	notification)			
For further inform	nation concerning this matter, plea	se call:				
BARBARA HOE	NES	at (⁹⁴¹	268-5811			
Na	me of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fe	e \$\sum \\$\\$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		Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of



EVES RETREAT INC

2022 NOV 14 PH 12 35

(Name of Corpora	ition as currently fil	ed with the Florida l	Dept. of State)	
P22000074903			e,*	
(Doct	ument Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporatio	on adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "Incartered," "professional association," or the abb	c," or "Co". A pr			
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL			<u>-</u>	
	-			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X</u>) _			+17
	_			
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter the	name of the	
Name of New Registered Agent				_
	(Florida street a	ddress)		_
New Registered Office Address:			, Florida	
	(City	')	(Zip C	Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with	and accept the obliga	ntions of the position.	
Sig	nature of New Regis.	tered Agent, if changi	ing	-

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 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	PTSD	BARBARA HOENES	3465 MELISSA COURT
X Add			PUNTA GORDA, FL 33980
Remove			
2) X Change	D	BARBARA REYES	3465 MELISSA COURT
Add			PUNTA GORDA, FL 33980
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THIS AMENDMENT ADDS BARBARA HOENES AS THE PRESIDENT, TREASURER, SECRETARY AND
DIRECTOR, AND CHANGES BARBARA REYES TO DIRECTOR.
F. 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)

11/3/2022	
The date of each amendment(s) adoption:, if other t date this document was signed.	han the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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" (voting group)	
(voting group)	
Dated 11-3-22	
(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 court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PISD	
(Title of person signing)	