P23000029970

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:Mobi	le Notary & Apostille, Inc.			
	BER: P23000029970				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	Michael Patterson				
		Name of Contact Person	n		
	Jacksonville Mobile Notary & Apostille, Inc.				
		Firm/ Company			
	116 Browken C+				
	114 Oración Ci	Address			
	Jackson: 110	FL 32259	e		
	100000000000000000000000000000000000000	City/ State and Zip Code	e		
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea	en rall:			
ror andre informatio	ir concerning this matter, prea	se can.			
Timothy Shippee		at (280-5526		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 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			Address		
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation**

Jacksonville Mobile Notary & Apostille, Inc.

(Name	of Corporation as currently f	iled with the Florida DepCofS	itate)~ ;~
P23000029970			· -
	(Document Number of C	Corporation (if know 2024 AUG 2	O AH 9i no
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this <i>Flo</i>	orida Profit Corportifian adopts TALLAH	the following amendment(s) to I UF STATE ASSEF, FI
A. If amending name, enter the new r			
			The new
name must be distinguishable and contai "Inc.," or Co.," or the designation "chartered." "professional association,	Corp," "Inc," or "Co". A p	npany," or "incorporated" or the professional corporation name	e abbreviation "Corp. "
B. Enter new principal office address			
(Principal office address MUST BE A S	STREET ADDRESS)		
C. Enter new mailing address, if app	licable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
	_		
	-	-	
D. If amending the registered agent a new registered agent and/or the ne	nd/or registered office address w registered office address:	s in Florida, enter the name of	<u>the</u>
	Michael Patterson		
Name of New Registered Agent	111		
	116 BrAcken	CH St	50 Kmg F/32250
	(Florida street a	address)	J
New Registered Office Address:		, Flor	ida
	(Cit	ty)	(Zip Code)
New Registered Agent's Signature, if c	changing Registered Agent:		
I hereby accept the appointment as regis.	tered agent. I am familiar with	and accept the obligations of th	e position.
	Mahay F.	Ufan	
	Signature of New Regis	tered Agent, if changing	
Charle 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:

<u>A</u> Change	1,1	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>31</u> ′	Sally Smith	
Type of Action (Check One)	<u> Fitle</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ь	John A. Mendoza	25 N. Market Street, 2nd Floor
Add			Jacksonville, FL 32202
Remove 2) Change	DPST	Patterson, Michael	116 Bracken Court
X Add			St. Johns, FL 32259
Remove 3) Range			
Add			
Remove			
4) Change Add			
Remove			
5) Change	-		
Add			
Remove 6) Change			
Add			
Remove			

E. If amending or adding additional Ar (Attach additional sheets, if necessary)	. (Be specific)		
N/A			
	 		
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·			<u> </u>
			
		-	
		•	
. If an amendment provides for an exc	hange, reclassification, or can	cellation of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not contained in th	e amendment itself:	
N/A			
······································			
			·
	·		-

The date of each amendment(s) adoption:	_, if other than 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 a document's effective date on the Department of State's records.	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 and s action was not required.	harcholder
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)	
Signature (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)	-
Michael Patterson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	



August 12, 2024

MICHEL PATTERSON 116 BRAKEN CT. JACKSONVILLE. FL 32259

SUBJECT: JACKSONVILLE MOBILE NOTARY & APOSTILLE, INC.

Ref. Number: P23000029970

We have received your document for JACKSONVILLE MOBILE NOTARY & APOSTILLE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHAT IS THE ADDRESS FOR ONE YOUR AUTHORIZE MEMBERS?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

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Letter Number: 624A00017734

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