## P23000041209

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Bayard Farms, Inc.
DOCUMENT NUMBER: <u>β 23000041209</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joshua Williams Name of Contact Person
Bayard Farms Inc. Firm/Company
12411 Philips Huy Address
Jackson Ville, FL 32256  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JoShna Williams at (904) 509 - 0549  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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Bayard Farms	s Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P230000412	209	
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amend	dment(s
A. If amending name, enter the new name of the corporation:		
N/A	The .	M/Mar
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Cor A professional corporation name must contain the w	p., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	<u> </u>
		— ≯ 
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	33
D. If amending the registered agent and/or registered office add		_ပ္ပ _ _
new registered agent and/or the new registered office address		
Name of New Registered Agent Joshua M	Hilliams	
12411 Phil (Florida str	eel address)	
New Registered Office Address: Jackson	Ville , Florida 32256 (City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v		
Johns m W	degistered Agent, if changing	
Signature of New R	egistered Agent, if changing	
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	<u>PT</u> <u>John</u>	<u>ı Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	<u> P</u>	Williams T. Justin	1951 Alphons St
Add			Jacksonville, FL 32250
X Remove			
2) Change	<u>P</u>	Justin T. Williams	7951 AlphonsSt.
X Add			Jacksonville, FL 32256
Remove 3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending (Attach add	or adding additional Articles, enter change(s) here:  onal sheets, if necessary). (Be specific)
	NA
	<u></u>
f an amen	nent provides for an exchange, reclassification, or cancellation of issued shares,
provision	or implementing the amendment if not contained in the amendment itself:
(if not	oplicable, indicate N/A)
	<u> </u>

The date of each amendment(s) adopt date this document was signed.	ion:NA	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for tent for approval.	the amendment(s)
must he separately provided for cac	d by the shareholders through voting groups. The for voting group entitled to vote separately on the ame	ollowing statement endment(s):
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by	or, president or other officer – if directors or officers an incorporator – if in the hands of a receiver, trusted duciary by that fiduciary)	have not been ee, or other court
	(Typed or printed name of person signing)	ams
-1-1/201-1-1-1	Vice President (Title of person signing)	