

P24 000007168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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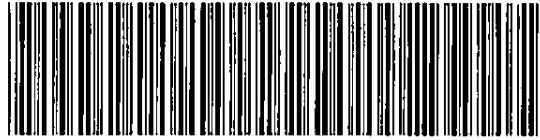
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTHERN DEVELOPMENT GROUP, INC.

DOCUMENT NUMBER: P24000007168

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL GRIFFIN

Name of Contact Person

SOUTHERN DEVELOPMENT GROUP, INC.

Firm/ Company

8375 ORANGE AVENUE

Address

FORT PIERCE, FLORIDA 34945

City/ State and Zip Code

MIKEG@SOUTHDEVINC.OM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GRIFFIN

Name of Contact Person

at (561) 248-1747

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 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

SOUTHERN DEVELOPMENT GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000007168

(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:

The new 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**)

8375 ORANGE AVENUE

FORT PIERCE

34945

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

8375 ORANGE AVENUE

FORT PIERCE

34945

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 Office Address:

_____, Florida
(City) (Zip Code)

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

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	MICHAEL GRIFFIN	826 SOUTH 9TH STREET LANTANA 33462
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PLEASE ADD THE EIN NUMBER OF 36-5096522

SEE ATTACHED LETTER FROM THE DEPARTMENT OF TREASURY

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)

01/25/2024

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

01/25/2024

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 as the document's effective date on the Department of State's records.

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 BELSARI COMERFORD."
(voting group)

01/25/2024

Dated _____

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)

BELSARI COMERFORD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



**Department of the Treasury
Internal Revenue Service**

In reply refer to: 0458323668

2/15/2024

LTR 147C

SOUTHERN DEVELOPMENT GROUP INC
814 PONCE DE LEON BLVD STE 310
CORAL GABLES, FL 33134

Employer Identification Number: 36-5096522

Dear Taxpayer:

Thank you for your inquiry of 2/15/2024.

Your Employer Identification Number (EIN) is 36-5096522.

Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-4933. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MRS.SHARON

1004315943

CSR