## P24 000038771

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2024 AUG -7 PM 4: 11
SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WEIGHMORE CO	NCESSIONS INC		
DOCUMENT NUMB	P24000038771			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MONICA ZIMMER LAWSO	DN .		
•		Name of Contact Persor	1	
	ZIMMER ACCOUNTING SERVICE INC			
		Firm/ Company		
	7018 JAMESTOWN MANOR DR			
-		Address	, <u>, -:</u>	
	RIVERVIEW. FL 33578			
-		City/ State and Zip Code	2	
	monicalawson@zimmeracco	unting.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	a concerning this matter, please.	se call:at (813	354-8301	
Name of Contact Person		at (at (	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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

WEIGHMORE CONCESSIONS INC.			FILED	
(Name o	of Corporation as curren	tly filed with the Florida Dep	t. of State)	
P24000	038771	,	2024 AUG -7 PM 4	
	(Document Number	of Corporation (if known)	SECRETALLY OF	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation a	TALL MINE SECTION OF STREET	
A. If amending name, enter the new na	ame of the corporation:			
			The new	
iame must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporation n		
B. Enter new principal office address, if applicable:		16825 RAINSHADOW STREET		
(Principal office address <u>MUST BE A S</u>		LITHIA FL 33547	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16825 RAINSHADOW STR	EET	
,		LITHIA FL33547		
D. If amending the registered agent an new registered agent and/or the new			me of the	
Name of New Registered Agent				
	16825 RAINSHADOW	STREET		
	(Florida :	street address)		
New Registered Office Address:	LITHIA		_, Florida	
		(City)	(Zip Code)	
No. Dollar J. D. C.				
New Registered Agent's Signature, if c hereby accept the appointment as regist			is of the position.	
	Signature of Man.	Registered 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 Doc 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PRES	NICHOLAS KONKEY	16825 RAINSHADOW STREET
Add			LITHIA, FL 33547
Remove			
2) X Change	VP	KRISTINA BLOMSNESS	16825 RAINSHADOW STREET
Add			LITHIA, FL 33547
Remove Change			
Add			
Remove			<del>.</del>
4) Change		<del></del>	
Add			<del></del>
Remove			
5) Change	<del></del>	<u> </u>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	····	
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued sl ndment if not contained in the amendment itself:	iares,

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•

	JULY 25, 2024		
The date of each amendment(s) adop	tion:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart		cable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or l	board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice		e number of votes cast for the amendment(s)	
		ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/we	re sufficient for approval	
bv			
•	(voting group)		
JULY 25.	. 2024		
Dated		<del></del>	
Signature	il Konkey		<del></del>
(By a direc	tor, president or other offic	cer - if directors or officers have not been	
	iy an incorporator <b>-47</b> in th fiduciary by that fiduciary)	e hands of a receiver, trustee, or other court )	
	NICK KONKEY		
	(Typed or printed	name of person signing)	
	PRESIDENT		
	(Title of person sig	gning)	<del></del>