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TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: P24000059164 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN POSTAVA Name of Contact resson.

SLAVIA STATION, INC.

Firm/ Company

727 BEAR CREEK CIR.

Address

C1 22708 Address

Winter Spaines, Fl 32708

City/ State and Zip Code JEBNPOSTAVA DEMAIL.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 947-0477

Area Code & Daytime Telephone Namber, 2 JOhn POSTAVA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation

SLAVIA STATION, INC.

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

(Doc	cument Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	orida Statutes, this Florida Profit Corp.	oration adopts the follow	wing amendme	ent(s) to
A. If amending name, enter the new name of the	e corporation:			
			The nev	١,
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association." or the ab	nc," or "Co". A professional corp-		ation "Corp.,"	••
B. Enter new principal office address, if applica	able:			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)			
				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	• •		
				
D. If amending the registered agent and/or regi- new registered agent and/or the new register		er the name of the	(بم	
	. 64 51116 4441 6.55	<u>~</u>		
Name of New Registered Agent		<u>ت.</u>	5	
		2	- N	
	(Florida street address)):: 2 2	ا دست از قال
New Registered Office Address:		, Florida	25 B	
	(City)	(Ž	ii) Code) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4
			- TE 59	
No. D. da da A. Cianana Maka ta I	D 14 . 4 4		·	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		obligations of the positio	n.	
,	,			
	ignature of New Registered Agent, if c			
	iovatura of Maio Ragistared Agant it c	handriner		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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: X Change	<u>PT</u> <u>Johr</u>	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	John Postava	723 Bosa Creek Ciz Winter Springer, F13270
Add			Winter Springer, F13270
X Remove	P	JAN POSTAVA	729 BOR Crock Cir Winter Spainge, F132708
2) Change		UAN 105 TAVA	129 Bear Check Cir
_ X _ Add			Colinter Spain, F13279
Remove 3) Remove			
Add			<u> </u>
Remove			SC 022
4) Change			New York
Add			が元 - 17 第五 - 17
Remove			~ · · · · · · · · · · · · · · · · · · ·
5) Change			FATE FL
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	2024 HOV 22	ru
provisions for implementing the amer	ndment if not contained in the amendment itself:	F. io	.=1
(if not applicable, indicate N/A)		122	n J
		FM 2: 59 SEE.FL	1
		77 J	-
		<u> </u>	-
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	, ,	
Effective date <u>if applicable</u> :	10/20/24	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amend	dment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature	rector, president or other officer - If directors or officers have not	t been
selected	, by an incorporator - if in the hands of a receiver, trustee, or other	
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	3
-	(Typed or printed name of person signing)	20 0
	0.14	2 P
-	TRESIDENT	SO 7
	(Title of person signing)	E. F. 2:
		59 FAT