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COVER LETTER

TO: Amendment Section

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Division of Corporations

NAME OF CORPORATION: Southern Exposure U.S.A. Inc

DOCUMENT NUMBER: P93000022873

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

Please return all correspondence concerning this matter to the following:

Sandra H. Mandigo	
<u> </u>	Name of Contact Person
President	
	Firm/ Company
22908 Ann Miller Rd	
	Address
Panama City Beach	
	City/ State and Zip Code
sunmatesandy@aol.co	om
E-mail address; ()	to be used for future annual report notification)
For further information concerning this matte	er, please call:
Sandra H. Mandigo	at (850) 866-6053
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

S43.75 Filing Fee & Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Street Address

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Exposure U.S.A. Inc		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P93000022873		
	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
Southern Exposure US Inc		г <i>пе</i> м
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "(professional corporation name must contain the	lorp.," • word
B. Enter new principal office address, if applicable:	22908 Ann Miller Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Panama City Beach, FI 32413	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		. <u> </u>
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:	<u>.</u>	
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address:	Florida	
New Regimered Office Address.	(City) (Zip Code))
New Registered Agent's Signature, if changing Registered Agent:	and the second state of all the second states and	
Thereby accept the appointment as registered agent. I am familiar w	ein and accept the obligations of the position.	
		71
Signature of New Re	6	2021.
Charleifannlischla		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	2
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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:

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Example: X.Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			<u></u>
Add			
3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	- <u>-</u>		
Add			
Remove			
6) Change	<u>-</u>		
Add			
Remove			

ach additional sheets, if necessary,). (Be specific)				
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in amendment provides for an ex	change, reclassifie	ation, or cancell	ation of issued sh	ares,	
ovisions for implementing the as (if not applicable, indicate N/A)	nendment if not co	ontained in the a	menament itself:		
(if her applicance matched in A)					
			,		
	_ <u>_</u>			<u></u>	
<u></u>					
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The date of each amendment(s) adoption: _____

date this document was signed.

Effective date	if applicable:
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(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		120
bv	Sandra H. Mandigo	-
-	(voting group)	:: 24
	Dated 6/21/2021	<u>- 0</u>
	l Di Do	بن
	Signature Jandra 12 Mandijo	<u></u> ట
	(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)	
	Sandra H. Mandigo	
	(Typed or printed name of person signing)	

President

(Title of person signing)

_____, if other than the

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