fida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Electronic Filing Menu Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| Chartered, "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Cl. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | a Profit Corporation adopts the following amendment |
|--|---|
| Articles of Incorporation: A. If amending name, enter the new name of the corporation: A. If a mending name, enter the new name of the corporation: A. If a mending name, enter the new name of the corporation: A. If a mending name, enter the new name of the corporation: A. | The new sy, "or "incorporated" or the abbreviation "Corp" essional corporation name must contain the word 360 State Park Road |
| A. If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "comparine," or Co" or the designation "Corp." "Inc.," or "Co". A professional association, or the abbreviation "P.A." 1. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) CI C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | The new ny, "or "incorporated" or the abbreviation "Corp" essional corporation name must contain the word 360 State Park Road |
| ame must be distinguishable and contain the word "corporation," "comparine" or Co" or the designation "Corp." "Inc.," or "Co". A profeshanced," "professional association," or the abbreviation "P.A." 1. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Cl Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | ny, "or "incorporated" or the abbreviation "Corp" essional corporation name must contain the word 360 State Park Road |
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| Principal office address MUST BE A STREET ADDRESS) Cl Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 70727 nipley, FL 32428 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | nipley, FL 32428 |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| · | 50 State Park Road |
| ` | Chipley, Fl. 32428 |
| | 20 |
| If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address; | Florida, enter the name of the |
| Name of New Registered Agent | |
| (Florida street addr | essj |
| New Registered Office Address: | Florida |
| (City) | (Zip Code) |

To:

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 tale, 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>b.L</u> | <u>John Doe</u> | |
|-------------------------------|------------|-----------------|---|
| X Remove | <u>Y</u> | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 11 Change | | | |
| Add | | | 2027 DEG |
| Remove | | | |
| 2) Change | | | 1 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° |
| Add | | | <u> </u> |
| Remove 3) Change | | | |
| | | | 4 |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| | |
| f an amendment provides for an exchange, reclassification, or eprovisions for implementing the amendment if not contained it (if not applicable, indicate N/A) | cancellation of icensel charge |
| <u>provisions for implementing the amendment if not contained in </u> | cancellation of icensel charge |
| provisions for implementing the amendment if not contained it | cancellation of icensel charge |
| provisions for implementing the amendment if not contained it | cancellation of iccord charge |
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| provisions for implementing the amendment if not contained it | cancellation of iccord charge |
| provisions for implementing the amendment if not contained it | cancellation of iccord charge |

| The date of each amendment(s) adoption: | , if other than the |
|---|---|
| Effective date if applicable: 12-5-2022 | amenament fite date; |
| Note: If the date inserted in this block does not meet the applicable statuto 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 direction was not required. | ectors without shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval. | votes east for the amendment(s) |
| The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate | groups. The following statement ely on the amendment(s): |
| "The number of votes east for the amendment(s) was/were sufficient | tor approval |
| by(voting group) | 322 |
| (voting group) | 2022 DEC |
| | . 6 |
| Dated 12-5-2022 | |
| Signature Lollet W. Stor | 9. 5 |
| (By a director, president or other officer - if direct selected, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary) | tors of officers have not been 👚 🗠 🗠 |
| POBERT W. 57 (Typed or printed name of pers | |
| (1 yped or printed flame of pers | on signing) |
| PRESIDENT | |
| (Title of person signing) | |