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(Requestor's	Name)
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(City/State/Z	ip/Phone #)
PICK-UP W	VAIT MAIL
(Business E	ntity Name)
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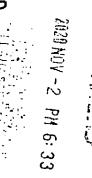
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COVER LETTER . . .

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: Magnolia Plantation	on, Inc.		
DOCUMENT NUM	IBER:			
The enclosed Article	s of Amendment and fee are su	bmitted for tiling.		
Please return all corr	espondence concerning this ma	itter to the following:		
	Gordon Oldham			
		Name of Contact Persor	1	
	Oldham & Delcamp LLC			
	Firm/ Company			
4970 Park Blvd N.				
	Address			
	Pinellas Park, FL 33781			
	City/ State and Zip Code			
	gordon@oldhamdelcamp.cor	m		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Jeffrey Lang		at (201-5458	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check f	or 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)	
An Dis P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

MAGNOLIA PLANTATION	N.	. INC
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(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P93000068235			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the followin	g amend	lment(s) t
A. If amending name, enter the new name of the corporation:			
			te'w
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	n the w	v., ord
B. Enter new principal office address, if applicable:		202	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	2 .	~ 7.77
		— <u>₹</u>	er antitis
		-2) -	_ ,·-=;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>₽</u>	, i t
(Muning dualess SIMT BE A LOST OF FICE BOX)		- 2) -	— ` -
		- ယ ယ	_
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent		-	
(Florida s	treet address)	-	
New Registered Office Address:	City) Florida, Florida	ode)	_
New Registered Agent's Signature, if changing Registered Agen	it.		
I hereby accept the appointment as registered agent. I am familiar			
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.		
☐ The amendment(s) was/were adopted by the incorporators, or be action was not required.	oard of directors without shareholder action and s	harehold	ler

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	CALLAGHAN, PATRICK, IV	1780 GEORGIA AVE NE
Add			ST. PETERSBURG, FL 33703
Remove			
2) Change	V	CALLAGHAN, DAVID	1780 Georgia Ave NE
X Add			St. Petersburg, FL 33703
Remove 3) Change	ST	CALLAGHAN, JOSEPH	1780 Georgia Ave NE
X Add			St. Petersbur, FL 33703
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: . (Be specific)
	
	
	
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(6	
provisions for implementing the arm	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
	tendinent if not contained in the amendment risen.
(if not applicable, indicate N/A)	

The date of each amendment(s) a	01/09/2020 adoption:	if other than the
date this document was signed.		If other man the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this land document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
01/20/20. Dated	20	
Signature 6	Callage tit	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	PATRICK CALLAGHAN, IV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	