

P93000071722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

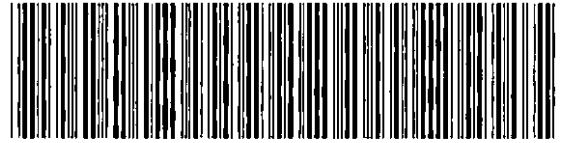
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL




FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2024

BOLAND PRODUCTION SUPPLY, INC.  
507 BURNS LANE  
WINTER HAVEN, FL 33884

SUBJECT: BOLAND PRODUCTION SUPPLY, INC.  
Ref. Number: P93000071722

We have received your document for BOLAND PRODUCTION SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

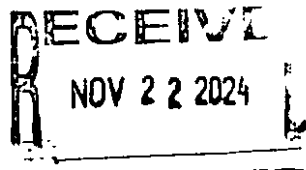
 Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN  
Regulatory Specialist II

Letter Number: 624A00024537



Articles of Amendment  
to  
Articles of Incorporation  
of

BOLAND PRODUCTION SUPPLY, INC.

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

P93000071722

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:**

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida  
(City) (Zip Code)

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**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*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.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title 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; CE = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each.  
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. 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:  
☒ Change

☒ Remove

☒ Add

Type of Action  
(Check One)

1) ☒ Change

☐ Add

☐ Remove

2) ☐ Change

☒ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

PT

John Doe

V

Mike Jones

SV

Sally Smith

Title

Name

PV

DAVID S. HAYS

Address

1855 WOODPOINTE DR

WINTER HAVEN, FL 33884

TS

KRISTAN L. HAYS

1855 WOODPOINTE DR

WINTER HAVEN, FL 33884

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**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**

**provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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  
by \_\_\_\_\_."  
(voting group)

Dated October 15, 2024

Signature [Signature]  
(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)

DAVID S. HAYS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

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