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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Buckler	Promotions, Inc.			
DOCUMENT NUMBER: P930000751	07			
The enclosed Articles of Amendment and				
Please return all correspondence concern	ing this matter to the following:			
Margaret M. Buck				
	Name of Contact Perso	n		
Buckler Promotio	Buckler Promotions, Inc.			
	Firm/ Company	, , , , , , , , , , , , , , , , , , , 		
1697 Doyle Rd.				
	Address			
Deltona, FL 3272	5			
	City/ State and Zip Cod	e		
buckleradvertising@yal	300 CON			
- - -	ss: (to be used for future annual report	notification)		
	,			
For further information concerning this n	natter, please call:			
Margaret M. Buckler	386 at (804-8476 ode & Daytime Telephone Number		
Name of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the following am	ount made payable to the Florida Dep	artment of State:		
S35 Filing Fee	=	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, F1, 32314	Amenons Division Clifton 2661 I	Address dment Section on of Corporations i Building Executive Center Circle assec, FL 32301		

Articles of Amendment to Articles of Incorporation of

Buckler Promotions, Inc.				
(Name o	of Corporation as curre	ntly filed with the Flo	rida Dept. of State)	
P930000785107				
	(Document Numbe	r of Corporation (if kno	own)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, tl	nis Florida Profit Corpo	oration adopts the following	3 amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
N/A				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." o	r "Co". A professione		
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	N/A	_	É
				V 7
			79 Bi	- 13
C. Enter new mailing address, if appl			<u> </u>	72 15
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				 ;O
		N/A		 _
			ز باینیا در باینیا در شینیا	·
 If amending the registered agent ar new registered agent and/or the ne 			r the name of the	
	Margaret M. Buckler			
Name of New Registered Agent	711 E. Lehigh Dr.			
		street address)		
Y D. C. LOWER C. H.	Deltona, FL		. Florida 32738	
New Registered Office Address:		tCityi	Zip ('ode)
New Registered Agent's Signature, if c	hanging Registered Age	ent:	akliantions of the navition	
I hereby accept the appointment as regis.	tered agent, - Lam Jamilio	ағ жип апа ассері іне с	эвидановк ој те роѕион.	
			1 1	
	ALGAUE // Signature of New	11. Duck	lec	_
	Signature of New	w Registered Agent, if c	hanging	

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Xampie: X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Delta Change	DPT	Richard L Buckler, Sr.	711 E. Lehigh Dr.
Add			Deltona, FL 327-8
X Remove			32738
2) X Change	PS	Margaret M Buckler	711 E. Lehigh Dr.
Add			Deliona, FL 32728
Remove			
	Т	Richard L Buckler, Jr.	1946 Evard Ave.
3) Change			Deltona, FL 32738
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amen</u> (Attach a	ding or adding additional additional additional sheets, if necessar,	Articles, enter change(s' v). (Be specific)) here:		
N/A	•				
	<u> </u>				
					
			-		
					
_		 -			
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		<u> </u>			
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				<u> </u>	·
F. If an at	mendment provides for an o	exchange, reclassification	on, or cancellation of i	ssued shares,	
<u>provis</u>	sions for implementing the a	imendment if not conta	ined in the amendmen	it itself:	
N/A	ma appreciate, material and	•			
				·	
_					
					
				 _	

	t(s) adoption:	, if other than the
date this document was signed Effective date <u>if applicable</u> :	September 5, 2018	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
· · · · · · · · · · · · · · · · · · ·	re adopted by the shareholders. The number of votes east for the amendmenti ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	9/5/18	
Signature _	Majagut M. Buckler	
(1 Si	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	Margaret M Buckler	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	