

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CARROLLWOOD	DEVELOPMENT CORPO	DRATION		
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Gary F. Queen				
		Name of Contact Person			_
	Carrollwood Development Corporation				
	Firm/ Company				
	2420 Enterprise Rd., Stc. 105				
	Address				
	Clearwater, FL 33763				
	City/ State and Zip Code				
	gqueen@cwddev.com				
	E-mail address: (to be us	sed for future annual report	notification)		
					,
For further information	on concerning this matter, pleas	se call:			<u> </u>
Gary F. Queen		at (⁷²⁷	804-9000		
Name	of Contact Person		de & Daytime Telephone		*-
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	Fr,	æ
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

CARROLLWOOD DEVELOPMENT CORPORATION

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name o	of Corporation as curren	itly filed with the Flor	rida Dept. of State)	
P94000016691				
	(Document Number	of Corporation (if kno	wn)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpo	oration adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association.	Corp," "Inc," or "Co".	A professional corpo	porated" or the abbrevia oration name must cont	tion "Corp.," ain the word
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S	TREET ADDRESS)	- <u>-</u> -		
			-	
				·
C. Enter new mailing address, if applicable:		N/A		2.5
(Mailing address MAY BE A POST	OFFICE BOX)	14/4		
			<u>;</u>	::
			# # <u>*</u>	£* C) .
			Cata	
If amending the registered agent ar new registered agent and/or the new			r the name of the	
new registered agent and/or the nev		<u>:35:</u>		 =
Name of New Registered Agent	N/A			
	(Florida	street address)		
New Registered Office Address:	N/A		, Florida	
		(City)	(Zi	p Code)
	_			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			obligations of the position	1.
racies, accept the approximent as region	erea agem. Tam jamma	with and decept me	of me parame	
		<u> </u>		
	Signature of New	Registered Agent, if ci	hanging	
Check if applicable				

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	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	VP	William Buckner L	2420 Enterprise Rd., Ste. 105
Add			Clcarwater, FL 33763
X Remove			
2) Change			
Add			
Remove 3) Change			143
Add			:
Remove			. (2)
4) Change			
Add			Fig. 5
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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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)		
A		
		_
	_	

The date of each amendment(s) adop	April 24, 2024 tion:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date witness of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
☐ The amendment(s) was/were approx must be separately provided for each	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
	the amendment(s) was/were sufficient for approval	
by	(voting group)	****
	(voting group)	
		•
April 24, 2024 Dated	<u> </u>	(L)
Signature		l
selected, b	tor, president or other officer – if directors or officers have not been you an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	94:
Ga	ry F. Queen	
_	(Typed or printed name of person signing)	
Pr	esident	

(Title of person signing)