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TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: FAL of Ce	ntral Florida,	Inc		
DOCUMENT NUMBER	R: <u>P9400064</u>	231			
The enclosed Articles of	Amendment and fee are su	abmitted for filing.			
Please return all correspon	ndence concerning this ma	itter to the following:			
	George E.	Stephenson			
		Name of Contact Perso	n		
	FAL of Central Florida, Inc.				
	TAB OF CE		inc.		
Firm/Company 4062,S.Shade Ave					
	Address				
	Sarasota Florida 34231				
		City/ State and Zip Cod	e		
info@lakewoodtentrental.com					
	E-mail address: (to be us	sed for future annual report	notification)		
	ncerning this matter, pleas	e call:			
Florence S.McG	Sarrity	at (941	751-2002		
Name of C	ontact Person		de & Daytime Telephone Number		
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 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)		
Amendm Division P.O. Box	Address nent Section of Corporations c 6327 see, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

2019 FEB 19 AM 8: 49

F.A.L. OF CENTRAL FLORIDA, INC.

(3) 80	de Eled with the Florida Dant of States	
(Name of Corporation as current	ly filed with the Florida Dept. of State	
	of Corporation (if known)	
(Document Number C	n Corporation (ii known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
NA	The new	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	4062,S.Shade Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Sarasota Florida 34231	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	4062,S.Shade Ave Sarasota Florida 34231	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	<u>881</u>	
Name of New Registered Agent George E. Stephenson		
4062, S. Shade A	Ave, Sarasota FL. 34231	
(Florida s	treet address)	
New Registered Office Address: 4062, S. Shade A	Ave, Sarasota, Florida 34231 (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen 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	

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Florence S.McGarrity	9622,Oak Run Dr.
Add			Bradenton FL.34211
X Remove			
2) Change	P	George E.Stephenson	4062,S.Shade Ave
XAdd			Sarasota F.34231
Remove			
3) Change	VST	Elena M.Stephenson	4062 S.Shade Ave
X Add			Sarasota FL.34231
Remove			
4) Change			
Add			
Remove			
5) Change			
<u>-</u> Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
NA

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)
<u>NA</u>

The date of each amendment(s) ado date this document was signed.	ption: February 12th, 2019	, if other than the
uate this document was signed.		
Effective date <u>if applicable</u> :	March 1st, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ick does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amenicient for approval.	dment(s)
	oved by the shareholders through voting groups. The following arch voting group entitled to vote separately on the amendment(
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareho	lder
Dated_Februar	y 13th,2019	
(By a dire selected,	ector, president or other officer if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or oth	
appointed	d fiduciary by that fiduciary)	
Fl	orence S. McGarrity (Typed or printed name of person signing)	
Pa	ast President	
_	(Title of person signing)	