# P95000046463

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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Expedition Travel, Inc.
DOCUMENT NUMBER: P95000046463

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The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James B. Schlachta

Name of Contact Person

1735 NW 44th Ave

Address

Firm/ Company

Gainesville, FL 32605

City/ State and Zip Code

jbschlachta@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 James B. Schlachta
 at (352)
 278-2320

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXPEDITION TRAVEL, INC.

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

P95000046463

(Document Number of Corporation (if known)

1735 NW 44TH AVE

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:

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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1735 NW 44TH AVE				
		TREET ADDRESS )	GAINESVILLE, FL 326	05		
c.	Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		1735 NW 44TH AVE			
			GAINESVILLE, FL 326	05		-
				Ā	2019	
D.	If amending the registered agent an new registered agent and/or the new	d/or registered office addr w registered office address:	ess in Florida, enter the na	me of the	IN PURIAUG	(i)
	Name of New Registered Agent	James B. Schlachta		67 67	4 A	
		1735 NW 44TH AVE		fin c	AM II:	
		et address)		ω		
	New Registered Office Address:	GAINESVILLE		_, Florida		
		(	(City)	(Zip (	Code)	

# 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 PAN

# 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)

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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	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
l) Change	P-	DR. THOMAS C. EMMEL	1717 NW 45TH AVE
Add X Remove			GAINESVILLE, FL 32605
2) Change	PD	JAMES B. SCHLACHTA	1735 NW 44TH AVE
X Add	_		GAINESVILLE, FL 32605
Remove 3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

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

(Attach additional sheets, if necessary). ( e specific)

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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)

Page 3 of 4

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
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 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated	8/8/19		
		11.	
Signature	<u> </u>	SIA	

: '

(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)

James B. Schlachta

(Typed or printed name of person signing)

Director and President

(Title of person signing)