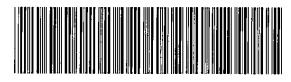
## P95000052788

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SECRETARY OF STATE TALLAHASSEE, FL

M

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	RATION: BULLARD MAN.	AGEMENT SERVICES, IN	KC.	
DOCUMENT NUM	P05000052788			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	CHRIS A. BULLARD			
		Name of Contact Person	1	_
		Firm/ Company	<del></del>	
	PO BOX 1733			
		Address	<del></del>	_
	LAKE CITY, FL 32056			
		City/ State and Zip Cod	e	
	AUDREYSBULLARD@AC			
	E-mail address: (to be u	sed for future annual report	notification)	فہ
For further information	on concerning this matter, plea	se call:		FILT # 2: 36 SECRETARY OF STATE SECRETARY OF STATE
CHRIS A. BULLAR	D	386	755-4050	
Name	of Contact Person	Area Co	de & Daytime Telephone Num	iber SSO 建 C
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	2: 36 EE, FI
S35 Filing Fee	☐\$43.75 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)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	ailing Address		Address Iment Section	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

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

(Name	of Corporation as current	y filed with the Florida Dept. of State)
P95000052788		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	TI.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co"	The new company," or "incorporated" or the abbreviation "Corp"  1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:		1910 SW SR 47
(Principal office address MUST BE A S		LAKE CITY, FL 32025
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)  D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	<u>OFFICE BOX</u> ) nd/or registered office add	
		port addresses
New Registered Office Address:	LAKE CITY	Florida 32025 F S
		(City) (Zip Critical 1: 25
New Registered Agent's Signature, if call thereby accept the appointment as registered.	tered agent. Tam familiar 17	: with and accept the obligations of the position. Tullan
	Signature of New R	egistered Agent, if changing
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.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VD	BULLARD, AUDREY S.	PO BOX 1733
Add			LAKE CITY, FL 32056
X Remove	VD	Elizabeth Bullard McArdle	1910 SW SR 47
2) X Change	<u> </u>	Enzagem Buharu McArtine	
Add			LAKE CITY, FL 32025
Remove 3) X Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47  LAKE CITY, FL 32025 ARE 17
Add			LAKE CITY, FL 32025
Remove			AHRSS OF
4) Change			OF STAT
Add			FFE 36
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		<del></del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
	<del></del>	
	<del></del>	
	SECRETARY OF STAT	الموسدي
	AAR	
	ECRETARY OF STATE	777
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	ASSI Y OF	Ö
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	2: STI	-
N/A	产品的	
<u> </u>		

he date of each amendment(s) ate this document was signed.	adoption:	, if other than t
-		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as t
doption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were caction was not required.	idopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	t
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
7/12/202	4	
Signature	G A fullar	
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	CHRIS A. BULLARD	S 22
	(Typed or printed name of person signing)	ECF
	PRESIDENT & DIRECTOR	TLAH
	(Title of person signing)	RY ASS
		7 PH 2: 36 RY OF STATI
		2: 3 STA: FL
		3TE 36