P950000067975

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JUN 22 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lunsford inc		
DOCUMENT NUM	BER: p95000067975	,	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Lawrence e lunsford		
		Name of Contact Perso	n
	Lunsford Inc		
		Firm/ Company	
	741 cherry grove rd		
		Address	
	orange park florida 32073		
		City/ State and Zip Cod	e
	larrylunsford01@comcast.	net	
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
larrylunsford		904 at (9946195
Name of Contact Person			ode & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Dep	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)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallabassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lunsford Inc.		
(Name of Corporation as current	y filed with the Florida Dept. of State)	
p95000067975		
(Document Number o	f Corporation (if known)	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
n/a		The new
name must be distinguishable and contain the word "corporation," "("Inc.," or Co.," or the designation "Corp," "Inc," or "Co". Zo "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/a	
		2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		A 0
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		2
N/a	_	
Name of New Registered Agent		
(Florida str	reet address)	
,	,	
New Registered Office Address:	(City), Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	<u>:</u> with and accept the obligations of the po	sition.
C** CAL D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Signature of New R	egistered Agent, if changing	

Check if applicable

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

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)

Example:

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	
\underline{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) X Change	vp	Pierce Motil	3455 Steelgate Ct. Middleburg Floe N A 3 20 6
Add			
Remove			
2) Change			
Add			
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). (Be specific)			
N/a			
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)			
n/a			

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The date of each amendment(s) adoption:	6.1.20	, if other than th
date this document was signed.		
Effective date if applicable:	6 - 10 - 20 (no more than 90 days after amendment fi	
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requ of State's records.	irements, this date will not be listed as th
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for approval.	the amendment(s)
	the shareholders through voting groups. The jing group entitled to vote separately on the am	
"The number of votes cast for the an	mendment(s) was/were sufficient for approval	
n/a by	:	
<u> </u>	voting group)	
DatedSignature(By a director, pr	- 20 	rs have not been
selected, by an ir	ncorporator – if in the hands of a receiver, trus ary by that fiduciary)	
	Hilly C. Lins form (Typed or printed name of person signing)	
	Pacsident	
	(Title of person signing)	· · · <u>- t= = = · · · · ·</u>

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