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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Horse and Chaise Rentals and Property Management, Inc. P95000072592 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Toby MacDonald Name of Contact Person Horse and Chaise Rentals and Property Management, Inc. Firm/ Company 150 N. Nokomis Ave Address Venice,FL 34285 City/ State and Zip Code toby@horseandchaise.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Area Code & Daytime Telephone Number Toby MacDonald Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name (of Corporation as current	ly filed with the Florida Do	ept. of State)
P95000072592	<u> </u>		,
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporution	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or tion," or the abbreviation	"Co". A professional corp	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>			THU STAND
D. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	Toby MacDonald		
	150 N. Nokomis Ave		
	(Florida si	reet address)	.
New Registered Office Address:	Venice		, Florida
		(City)	(Zip Code)

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: X Change	<u>PT</u> <u>Joh</u> ı	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Pres/Sec	Helene MacDonald	1931 Pebble Beach Ct
Add			Venice FL 34293
x Remove			
2) Change	Pres	Toby MacDonald	150 N Nokomis Ave
x Add			Venice FL 34285
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<u></u>		
Remove			
remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		_
-		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	indifficult it not contained in the amendment asen.	

	01/01/2019	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	10.100.40	
01 Effective date <u>if applicable</u> :	/01/2019	
Enterive date it appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/10/20 Dated	19	
Signature X	The contraction of the contracti	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Toby MacDonald	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	