Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000191408 3)))



H180001914083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: ROBINSON ACCOUNTING SERVICE Account Name

Account Number: I20030000126 Phone : (850)769-2331 Fax Number : (850)769-0269

R WHITE

JUN 2 9 2018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LLOYD ENTERPRISES OF BAY COUNTY, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JUN 28

Electronic Filing Menu

Corporate Filing Menu

Help

P.002/005

Fax Audit No: (((H18000191408 3)))

(FAX)850 769 0269 FILED

Articles of Amendment Articles of Incorporation

18 JUH 28 AH 7: 38 \$1 61 76 141 4-4

	RPRISES OF BAY COUNTY, INCORPORATED
(Name of Corporation	on as currently filed with the Florida Dept. of State)  P96000051299
(Docum	nent Number of Corporation (if known)
•	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	rporation:
	The new
Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the control of the control	
. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	i PRESS)
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u> )
If amending the registered agent and/or register new registered agent and/or the new registered of	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
	, Florida
New Registered Office Address:	. FIGURE

Fax Audit No: (((H18000191408 3)))

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and anddress of each Officer and/or Director being added:

(Attach additional sheats, 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Saliv Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	\$	CLARA L, LLOYD	2338 MARY ANN DR.
X Add			SOUTHPORT, FL 32409
Remove			<del></del>
2)Change			
Add			
Remove			<del></del>
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change		_	_
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
δ) Change			
Add			<del></del>
Remove			

(FAX)850 769 0269 06/28/2018 08:59 Robinson Accounting Services Fex Audit No: (((H18000191408 3))) E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 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

MICHAEL J. LLOYD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)