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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ARNOLD PROPE	RTIES, INC.	
	1BER:		
•	es of Amendment and fee are sul	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	JOHN I. SILVERFIELD. ES	Q.	
		Name of Contact Person	
	HOLMES FRASER, PA		
		Firm/ Company	
	711 5TH AVE S. SUITE 200		
		Address	
	NAPLES, FL 34102		
		City/ State and Zip Code	
	jsilverfield@holmesfraser.co	m	
	•	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
JOHN I. SILVERF	IELD, ESQ.	at ( 239	_)
Nam	e of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ARNOLD PROPERTIES, INC.

ARNOLD FROFER TIES, INC.			<u> </u>
(Name o	of Corporation as currently	filed with the Florida Dept	of State
P96000059177			APR.
	(Document Number of	Corporation (if known)	NRY SSE
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation ad	lopts the following amendinant(s
A. If amending name, enter the new na	ame of the corporation:		8 8
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Corp.," ame_must_contain_the_word
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS )		
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
			<u> </u>
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the nar	me of the
new registered agent and/or the new			
Name of New Registered Agent	HOLMES FRASER, PA		
	711 5TH AVE S, SUITE 20	00	
	(Florida stre	et address)	
New Registered Office Address:	NAPLES		, Florida 34102
regarden office runn can.		City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:	., , ,	<i>(</i> )
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligation	is of the position.

/s/John Silverfield
/Signature of New Registered Agent, if changing

Check if applicable

 $\square$  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.  $CFO = Chief\ Financial\ Officer$ :  $CFO = Chief\ Financial\ Officer$ :

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jor	nes	
_X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	-	. <u>-</u> -		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Add				

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)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing artment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes c ficient for approval.	ast for the amendment(s)
	oved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast i	or the amendment(s) was/were sufficient for app	proval
by	(voting group)	``
	Training growth	
Dated <b>5.21.21</b>		
Signature	4/17	
٠	Dean A. Arnold	
	(Typed or printed name of person sign	ning)
	Director	
	(Title of person signing)	