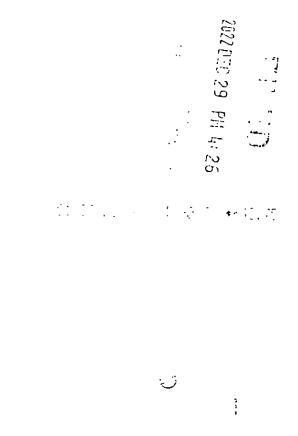
## P96000076592

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A. DUTLER
DEC 2 9 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations Blakeacres, Inc. P96000076592 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MMy Blake Director
() Name of Contact Person Name of Contact Person

Blakeacves Firm/ Company

P.O. Box 821

Address

Crustal River FL 34423

City/ State and Zip Code My Clare. ewgae gwail. com address: No be used for future annual réport, notification) For further information concerning this matter, please call: Marte of Contact Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **1** \$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Additional Copy is enclosed)

## **Articles of Amendment**

to

## Articles of Incorporation

Blakeacres Inc (Name of Corporation as currently P96000076591	$\mathcal{L}_{\mathcal{L}}$
(Name of Corporation as currently	filed with the Florida Dept. of State) 4: 25
P96000076592	2.2.2.
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/IA	The new
"Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	
	·
(Florida stre	ret address)
New Registered Office Address:	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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	PT Joh	n Doe			
X Remove	<u>V</u> <u>Mil</u>	ce Jones			
X Add	<u>SV</u> <u>Sal</u>	ly Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
l)Change	D	Amy?	Jane Blake	Panama City	Jr
Remove 2) Change Add	VD	Betty	Jo Faulkner	FL. 324050 17215E17th St. Upt. # 303 F1. Landerdale, F	
Remove 3) Remove Change				Ft. Landerdale, F	-L 160
Remove 4) Change Add					
Remove 5) Change Add					
Remove 6) Change Add Remove			·		

	heets, if necessary).				
$\mathcal{N}_{\mathcal{N}}$	/ VA:	· · · · · · · · · · · · · · · · · · ·			
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<u>f an amendment p</u>	rovides for an excha	ange, reclassificati	on, or cancellatio	on of issued share:	5.
provisions for imp	lementing the amen	idment if not conti	<u>ained in the a</u> mer	idment itself:	
(ij not applicat	ole, indicate N/A)	7.4			
	Λ	//A-			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: December 29, 2022	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	ler action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
Dated December 29, 2022  Signature By a director, président or other officer – if directors or officers have no	t heen
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<del></del>
(Typed or printed name of person signing)    Vector   Dakeacres	
(Title of person signing)	) V(( '
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