## P9700052510

(Reque	estor's Name)	-
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Filin	ng Officer:	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BULLARD-DENU	NE INVESTMENT CO.				
DOCUMENT NUM	BER: P97000052510					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	CHRIS A. BULLARD					
		Name of Contact Person				
		Firm/ Company				
	PO BOX 1733		<u></u> _			
		Address	· · · · · · · · · · · · · · · · · · ·			
	LAKE CITY, FL 32056					
		City/ State and Zip Code	:			
	AUDREYSBULLARD@AO	L COM				
		red for future annual report	notification)			
	,	·				
For further information	on concerning this matter, pleas	se call:				
CHRIS A. BULLAR	D	386at (	755-4050			
Name	of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Div	illing Address  endment Section vision of Corporations  D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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	led with the Florida Dept. of State)
(Document Number of Co	
(1) of athen transper of Co	orporation (if known)
1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amendment(s
ime of the corporation:	
	Thenew
"orp," "Inc," or "Co". A pi	pany," or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
<u>IREEJ ADDRESS</u> )	2023
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	o
HICE BOX	, ==
-	<u> </u>
-	<u>_</u>
d/or registered office address v registered office address:	in Florida, enter the name of the
CHRIS A. BULLARD	
1910 SW SR 47	
(Florida street	address)
LAKE CITY	Florida
tCi	ty) (Zip Code)
hanging Registered Agent:	
ered agent. I am familiar with	and accept the obligations of the position.
A A Bullon	1
Signature of New Regi:	stered Agent, if changing
	icable: OFFICE BOX  CHRIS A. BULLARD  1910 SW SR 47  CHAKE CITY  Changing Registered Agent: Cered agent. I am familiar with

Check if applicable

<sup>☐</sup> 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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PDST	BULLARD, AUDREY S.	1826 SW SR 47
Add			LAKE CITY, FL 32025
Remove  2) Change	VD	Elizabeth Bullard McArdle	1910 SW SR 47
X Add			LAKE CITY, FL 32025
Remove 3) X Change	PSTD	CHRIS A. BULLARD	1910 SW SR 47
Add			LAKE CITY, FL 32025
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

	<mark>ding additional Art</mark> heets, if necessary).	(Be specific)				
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. If an amendment p	orovides for an exc	change, reclassificat endment if not cont	ion, or cancellate	on or issue <u>d snare</u> adment itself:	<u>'S,</u>	
(if not applica	ble, indicate N/A)	endinent ir not con-	tunted the the unite			
VA	,					
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The data of each amondmentic) as	doption:	if other than the
date this document was signed.		, 71 \/ \/ \/ \
Effective date <u>if applicable</u> :		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder actio	on and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	*)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
7/9/2024 Dated	- HARullan	1
Signature	irector, president or other officer – if directors or officers have not been	<del></del>
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	CHRIS A. BULLARD	
	(Typed or printed name of person signing)	
	DIRECTOR	

(Title of person signing)