P97000066492

(Re	questor's Name)	
(Add	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Andover Managem	ent Company, Inc.	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Craig I. Kelley		
		Name of Contact Person	1
	Kelley, Fulton, Kaplan & Elle	er, P.L.	
		Firm/ Company	
	1665 Palm Beach Lakes Blvd	-	
		Address	
	West Palm Beach, FL 33401		
	-	City/ State and Zip Code	<u>-</u>
	craig@kelleylawoffice.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information Craig I. Kelley	on concerning this matter, pleas		491-1200
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	rently filed with the Florida Dept. of State)
P97000066492	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	ın:
name must be distinguishable and contain the word "corporation" lnc, " or, Co." or the designation "Corp." "Inc," or "Co	The new n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
"chartered," "professional association," or the abbreviation "I	P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u></u>
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	e address in Florida, enter the name of the
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered is I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of i	New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120	20 (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:

(Auach 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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	D	Barbara L. Kelley	6622 Villa Sonrisa Dr
1) X Change			A - 811
Add			Boca Raton, FL 33433
Remove	DP	Craig I. Kelley	908 N. Loxahatchee Dr
2) X Change			Jupiter, FL 33458
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment p	ovides for an exchang	ze, reclassification	<u>, or cancellation of</u>	issued shares,	
f an amendment p	ovides for an exchang ementing the amendn	ge, reclassification nent if not contain	, or cancellation of led in the amendm	ent itself:	
f an amendment p provisions for imp (if not applical	ovides for an exchang lementing the amendrale, indicate N/A)	ge, reclassification nent if not contain	, or cancellation of the amendm	ent itself:	
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f an amendment p provisions for imp (if not applical	rovides for an exchang lementing the amendr le, indicate N/A)	ge, reclassification ment if not contain	, or cancellation of	ent itself:	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable: (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, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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
August 16, 2022 Dated Signature (By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Craig I. Kelley
(Typed or printed name of person signing)
Director
(Title of person signing)

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