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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account:Number : 076666003611 : (941)748-0100 Phone

: (941)745-2093 Fax Number

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN THORASSIC PARK, INC.

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Page Count		05
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## COVER LETTER

TO:	Amendment Sec	ction
	Division of Corp	porations

NAME OF CORPORAT	TION: THORASSIC PAR	CK, INC.	
DOCUMENT NUMBER			
The enclosed Articles of A		bmitted for filing.	
Please return all correspon	ndence concerning this ma	itter to the following:	
M <sup>a</sup>	TTHEW J. LAPOINTE		
		Name of Contact Person	0 .
BL	ALOCK WALTERS, P.A		
802	LITH STREET WEST	Firm/ Company	
BR	; ADENTON, FLORIDA 3	Address 4209	
		City/ State and Zip Cod	c
parkrange	el@me.com		
•	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, plea	se call:	
MATTHEW J. LAPOINT	E	at (941	748-0100
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & .Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendr Divisior P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amend Divisio The C	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.003/006

(((H2<sup>0000012933 3)))</sup>
Articles of Amendment

THORASSIC PARK, INC.  (Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)	ng amendn	aent(s) to
	ng amendn	nent(s) to
	ng amendn	nent(s) to
(Document Number of Corporation (if known)	ig amendn	nent(s) to
	ig amendn	nent(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
	_The ne	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contai "chartered," "professional association," or the abbreviation "P.A."	on "Corp., in the wor	rd
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		•
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	20	
inn Ann	UAN	ור
	$\overline{\omega}$	<u></u>
	A.W.	777
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	6	D
new registered agent and/or the new registered office address:		
Name of New Registered Agent	2	
(Florida street address)	_	
New Registered Office Address: Florida		
	Code)	
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	_	

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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)

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,

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				BRADENTON, FL 34207
VP, S	<del></del>	LUCAS WILSON, D.C.		1603 60TH AVENUE WEST
		Name		Address
<u>SV</u>	Sally Sm	<u>nith</u>		
<u>V</u>	:	·	-	
<u> </u>	John Do	<u>e</u>		:
	<u>рт</u> У	PT John Do  V Mike Jo  SV Sally Sr  Title  VP, S	PT John Doe  V Mike Jones  SV Sally Smith  Title Name  VP, S LUCAS WILSON, D.C.	V Mike Jones  SV Sally Smith  Title Name  VP, S LUCAS WILSON, D.C.

(Attach additional sheets, if necessary). (Be speci	(Attach addit	ional sheets.	if necessary).	(Be soeci)	(ic)
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provisions	dment provides for an ex s for implementing the an applicable, indicate N/A)	tchange, reclassification, or cancellation of iss mendment if not contained in the amendment	sued shares, titself:	FILED JAN 13 AHI
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		Page 3 of 4		
The date of eac date this docum	ch amendment(s) adoptionent was signed.	on:	,	if other than the
Effective date				
<del></del>		(no more than 90 days after amendment	ı file date)	<del></del>

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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 a by the shareholders was/were	dopted by the shareholders. The numb sufficient for approval.	per of votes cast for the amendment	t(s)		
	pproved by the shareholders through vor each voting group entitled to vote se		neni		
"The number of votes ca	st for the amendment(s) was/were suff	icient for approval			
by _			IA.	2	
,	(voting group)		1.58	ا ک	
action was not required.  The amendment(s) was/were a action was not required.  Dated  Signature  By a select	dopted by the board of directors without she dopted by the incorporators without she director, president or other officer – if ted, by an incorporator – if in the hand inted fiduciary by that fiduciary)	archolder action and shareholder	ACHALL STATE	20 JAN 13 AM 10: 12	
	(Typed or printed name of	of person signing)			
	Paesibent				
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·			