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| Certified Copies | _ Certificates | of Status |
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2020 DEC -7 PH 1: 16
SECRETARY OF STATE
TAIL ALLASSEE, FL

12/11/20





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2020

JODIE MCCOY 9200 OAK ISLAND LN CLERMONT, FL 34711

SUBJECT: MCCOY INVESTMENTS, INC.

Ref. Number: P97000081874

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

The form you submitted is for a NOT FOR PROFIT CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 620A00023288

COVER LETTER

. . .

| TO: Amendment Section Division of Corporations | - / : - |
|---|---|
| NAME OF CORPORATION: | Fuvestments, Inc. |
| DOCUMENT NUMBER: P9700C | 081874 |
| The enclosed Articles of Amendment and fee are submitte | ed for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Jode MC | <u>Co4</u> |
| MCCoy THUG | me of Confact Person) WOULD, WC, |
| 9200 Oak 1 | Sland W |
| Clement | FG 34711 |
| 100 127 (| and Zip Code) O Maid . Com |
| For further information concerning this matter, please call (Name of Confact Person) | future annual report notification) : at 350 636 6384 (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payab | E to the Florida Department of State: |
| | 43.75 Filing Fee & S52.50 Filing Fee fertified Copy Certificate of Status Additional copy is Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| Articles of Amendment |
|---|
| Articles of Incorporation Articles of Incorporation Of HVC 2020 DEC -7 PH 1: 16 (Name of Corporation as currently filed with the Florida Dept. of State) |
| P9700081874 SECRETARY OF STATE TALL AHASSES, FL. (Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "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) |
| 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: |
| Name of New Registered Agent |
| (Florida street address) |
| New Registered Office Address: Florida |
| 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)

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 I | Doe | |
|----------------------------|--------------------------|---------------------|--|
| X Remove | <u>V</u> <u>Mike</u> . | Jones | |
| X Add | <u>SV</u> <u>Sally S</u> | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name (0.0) | Address |
| 1) Change | CEO | Khrifyna remail | 9609 Early LOOP |
| Add Add | | 71 | Graveland, Fl34736 |
| Remove | \supset | Dothon B White | 9200 Oak Bland Whit |
| 2) Change Add | | THINGTH CONTOP | Clembal FT 3/11 |
| Remove Change | | anthorn, B. Mby, So | OZOD DUC BLUNG CU CLENVANT TO 34711 |
| Add Remove 4) A Change | STDV | Jatel McCoc | 9200 ack 15 and 2W |
| Add | / | V | Clernont, FL 34711 |
| Remove 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| 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) | Attach additional she | ig additional Articles, ets, if necessary). (Be | specific) | | | |
|--|---------------------------------------|---|--|---|---|---------------------------------------|
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| The date of each amendment(s) adoption: | , if other than the |
|--|--|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after an | nendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records. | filing requirements, 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 direct action was not required. | ors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of ve by the shareholders was/were sufficient for approval. | otes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately | oups. The following statement y on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for | or approval |
| by | |
| (voting group) | |
| Dated 12-1-20 | |
| Signature Pall Male | |
| (By a director president or other officer – if director selected by an incorporator – if in the hands of a per- | |
| appointed fiduciary by that fiduciary) | |
| Jodle McCar | |
| (Typed or printed name of perso | n signing) |
| (Title of person signing) | |