

(Red	questor's Name)	
(Add	dress)	1
•	•	•
		
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
L		

Office Use Only



500319389005

10/16/18--01016--028 **35.00

18 OCT 16 AH B: 11
SECRETARY OF STATE
TAIL LHASSEE, FLORID.

OCT 2 2 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: JUDD STABLES	S. INC.	
DOCUMENT NUMI	BER:P98000012140		
	of Amendment and fee are sa	abmitted for filing.	 -
Please return all corre	spondence concerning this ma	ntter to the following:	
	MARIA D. GILMAN		
	UIDD OTABLES WAS	Name of Contact Perso	n
	JUDD STABLES, INC.		
		Firm/ Company	
	20842 CHAMPIONS AVE	NUE	
		Address	
	LAND O' LAKES, FL 3463	38	
		City/ State and Zip Cod	e e
 .	E-mail address: (to be u	sed for future annual report	notification)
	·	'	,
For further information	n concerning this matter, plea	se call;	/
Maria D. Gilman		at ()
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	of	poration			
JUDD STABLES, INC.	W.				
(Name	of Corporation as currently f	iled with the Florida De	pt. of State)		
P98000012140	<u></u> -		··		
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Flo	orida Profit Corporation :	adopts the follow	ring amenc	lment(s) t
A. If amending name, enter the new n	ame of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa. B. Enter new principal office address, (Principal office address MUST BE A S	nation "Corp," "Inc," or "Co ation," or the abbreviation "P., .if applicable:	". A professional corpor	oorated" or the ration name mu	ahbrevia	tion the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				 	
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office address w registered office address:	in Florida, enter the na	me of the	>	
Name of New Registered Agent	MARIA D. GILMAN				
	20842 CHAMPIONS AVEN	IUE		_	
	(Florida street	address)			
New Registered Office Address:	LAND O' LAKES		34038 Florida_	}	
	(Ci	ţyi		p Code)	_

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

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, as 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officerd. 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 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 Chang-Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>179</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PD	DONALD R JUDD	20842 CHAMPIONS AVENUE
Add			LAND O' LAKES, FL 34638
X Remove			
2) X Change	PST	MARIA D. GILMAN	20842 CHAMPIONS AVENUE
Add			LAND O' LAKES, FL 34638
Remove			
3) Change	V	RONALD R. JUDD	20842 CHAMPIONS AVENUE
Add			LAND O' LAKES, FL 34638
X Remove			
4) Change		_	
Add			·
Remove			
5) Change		_	_
Add			
Remove			
6) Change	·	_	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change (Be specific)			
				<u>- </u>
				
		<u>-</u>	· · · · · · · · · · · · · · · · · · ·	
			.	
				
				
<u> </u>				
		<u> </u>		
			 .	· · · · · · · · · · · · · · · · · · ·
				
an amendment proyides for an excluring the ame	iange, reclassificat	ion, or cancellati	on of issued shar	es.
(if not applicable, indicate N/A)	nomeni ii nor com	anieu in the ame	nament itsen:	
.,,,				
				
				
				· · ·
		·		

The date of each amendment(s) ad date this document was signed.	option;	, if other than t
Effective date if applicable:		
· -	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s ficient for approval.)
	oved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	sted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
08/02/2018 Dated		
Signature <u> </u>	Jana D. Gilman	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other coursed fiduciary by that fiduciary)	ι
	MARIA D. GILMAN	
	(Typed or printed name of person signing)	
	PRESIDENT, SECRETARY, TREASURER	
	(Title of person signing)	