## P98000036067

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOURISM ACAD	EMY INC	
DOCUMENT NUMI	BER:N20000006178		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DENISSIS DIAS		
	<del></del>	Name of Contact Persor	1
	KEW LEGAL, P.A.		
	-	Firm/ Company	
	16690 COLLINS AVENUE	SUITE 1101	
		Address	<u>-</u>
	SUNNY ISLES BEACH, FL	33160	
		City/ State and Zip Code	
	stephen@tourismacademy.or	g	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Denissis Dias		at (	_) 990-2220
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303



August 14, 2024

WILLIAM BRADSHAW 6 WEST PELICAN ST NAPLES, FL 34113

AUG 2.9 2024

SUBJECT: BRADSHAW PLUMBING, INC.

Ref. Number: P98000036067

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 724A00017958

## Articles of Amendment to Articles of Incorporation of

RR	H2CLA	ΔW	Dī	CNAT 1	D.T.C.	DIC	

(Document Number of Corporation (if known)  suant to the provisions of section 607.1006, Fiorida Statutes, this Florida Profit Corporation adopts the following amendment(surticles of Incorporation:  [If amending name, enter the new name of the corporation:  The new emust be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp" artered," "professional association," or the abbreviation "P.A."  Center new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	Name of Corporation as current	ly filed with the Florida Dept. of State)			
training name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If a new e must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word in the word "professional association," or the abbreviation "P.A."  Internew principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS  NAPLES FL 34113  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  If amending the registered agent and/or registered office address in Florida, enter the name of the pew registered agent and/or the new registered office address:  Name of New Registered Agent	P9800036067				
If amending name, enter the new name of the corporation:  The new e must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." a professional corporation name must contain the word artered," "professional association," or the abbreviation "P.A."  Chter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS  NAPLES FL 34113  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." A professional corporation name must contain the word of the word artered. "Professional association, or the abbreviation "P.A."  6 WEST PELICAN STREET  NAPLES FL 34113  The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." A professional corporation name must contain the word of west pelican street.  6 WEST PELICAN STREET  NAPLES FL 34113  The new must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp." A professional corporation name must contain the word of west pelican abbreviation "Corp." A professional corporation name must contain the word of west pelican street.  6 WEST PELICAN STREET  NAPLES FL 34113	(Document Number of	of Corporation (if known)			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  The new member of New Registered Agent  Name of New Registered Agent  The new more company, "or "incorporated" or the abbreviation "Corp"  The new professional corporation name must contain the word corporation name must conta	Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen			
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  NAPLES FL 34113  Enter new mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  April amending the registered agent and/or registered office address in Florida, enter the name of the ew registered agent and/or the new registered office address:  Name of New Registered Agent	A. If amending name, enter the new name of the corporation:				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)  NAPLES FL 34113  ONAPLES FL 34113	ame must be distinguishable and contain the word "corporation," " Inc" or Co.," or the designation "Corp." "Inc," or "Co". , chartered," "professional association," or the abbreviation "P.A."				
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  NAPLES FL 34113  NAPLES FL 34113  OF THE STREET TO THE S	Enter new principal office address, if applicable:	6 WEST PELICAN STREET			
Mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  NAPLES FL 34113  Mame of New Registered Agent  Name of New Registered Agent	Principal office address <u>MUST BE A STREET ADDRESS</u> )	NAPLES FL 34113			
Mailing address MAY BE A POST OFFICE BOX  NAPLES FL 34113  NAPLES FL 34113  Mame of New Registered Agent  Name of New Registered Agent					
NAPLES FL 34113  Famending the registered agent and/or registered office address in Florida, enter the name of the rew registered agent and/or the new registered office address:  Name of New Registered Agent	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6 WEST PELICAN STREET			
f amending the registered agent and/or registered office address in Florida, enter the name of the sew registered agent and/or the new registered office address:  Name of New Registered Agent		NAPLES FL 34113			
Name of New Registered Agent					
Name of New Registered Agent	. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the			
	new registered agent and/or the new registered office address:	<b>三</b>			
(Florida street address)	Name of New Registered Agent				
(Florida street address)	(E)				
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, rionga		, Florida			
(City)	ſ	(City) (Zip Code)			
(Cip.)	Name of New Registered Agent (Florida street) New Registered Office Address:	et address)  Florida			
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(Zip Code)	ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.			
(Lip Code)	Signature of New Pa	gistand down if J			
Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	STRIGGTE OF TRANSPORT	gisterea Agent. Il changing			
Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing	neck if applicable	5 · 5 · · · · · · · · · · · · · · · · ·			

. 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			· · ·
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if necessary).	cles, enter change(s) here (Be specific)		
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If an amendment provid provisions for implemen (if not applicable, ind		ge, reclassification, or c ment if not contained in	ancellation of issued shar the amendment itself:	<u></u>
		ige, reclassification, or comment if not contained in	ancellation of issued shar the amendment itself:	<u></u>
		ige, reclassification, or comment if not contained in	ancellation of issued shar the amendment itself:	E5.
		ige, reclassification, or coment if not contained in	ancellation of issued shar the amendment itself:	<b>C</b> 53.
		ige, reclassification, or coment if not contained in	ancellation of issued shar the amendment itself:	<b>C</b> 5.
		ige, reclassification, or coment if not contained in	the amendment itself:	<b>C</b> 5.

The date of each amendment(s) as date this document was signed.	JULY 23, 2024 loption:	, if other than
Effective date if applicable:		
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of voi	tes cast for the amendment(s)
☐ The amendment(s) was/were appropriately provided for	oved by the shareholders through voting gro uch voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for	: approval
by	(voting group)	
	(voting group)	<del></del>
AUGUST I	2024	
Signature WW		
selected,	ector, president or other officer – if directors by an incorporator – if in the hands of a rec I fiduciary by that fiduciary)	or officers have not been eiver, trustee, or other court
7	/ILLIAM BRADSHAW	
_	(Typed or printed name of person	Signing)
	t st. / reministration persont	~- <del></del>