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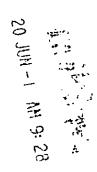
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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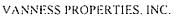




COVER LETTER

	÷ .	COVER LETTER	
TO: Amendment Se Division of Cor			
NAME OF CORPO	ORATION: VANNESS PRO	PERTIES, INC.	
DOCUMENT NUN	IBER:P980000099220		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Thomas M. VanNess, Jr., Esc	quire	,
		Name of Contact Person	n
	VanNess & VanNess, P.A.		
		Firm/ Company	
	1205 N. Meeting Tree Blvd.		
	Crystal River, FL 34429	Address	
		City/ State and Zip Cod	e
tinv	@vannesspa.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	795-1444
	e of Contact Person	at () de & Daytime Telephone Number
	for the following amount made		•
■ \$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)
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 ollahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation of



To Unity of the second of the

(Name of Corporation as currently filed with the Florida Dept. of State)

P980000099220

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A name must be distinguishable and contain the word "corpo	ration, " "company," or	The n
"Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbreviat	or "Co". A professional	corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado N/A Name of New Registered Agent		the name of the
	da street address)	
New Registered Office Address:	aa sireet aaaressj	, Florida
New Negisterea Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A Thereby accept the appointment as registered agent. I am fami		oligations of the position.
Signature of N	ew Registered Agent, if ch	anging

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	Monty VanNess	9779 N. Cavewood Ave
X Add			Crystal River, FL 34428
Remove			
2) Change	VP	Patricia A. VanNess	9779 N. Cavewood Ave
X Add			Crystal River, FL 34428
Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. 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)	

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 amendment file date)	
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirements tof State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient:	the shareholders. The number of votes cast for the amer for approval.	ndment(s)
	y the shareholders through voting groups. The following ting group entitled to vote separately on the amendment	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
,	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	older
Dated 5 - 26 Signature 2	-2020 Valva	
(By a director, page 15 selected, by an	president or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or ot iary by that fiduciary)	
Monty	VanNess	
-	(Typed or printed name of person signing)	
Preside	nt/Director	
	(Title of person signing)	