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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EF PREVATE CO	RPORFATION	
DOCUMENT NUMB	D00000000000000		
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	ondence concerning this ma	atter to the following:	
;	SHARON S PREVATT		
-		Name of Contact Person	1
	EF PREVATT CORPORAT	ION	
-		Firm/ Company	
	<sup>2</sup> .O. BOX 5611	That Company	
<del>-</del>	<del></del>	Address	
;	SUN CITY CENTER, FL 33	3571	
-		City/ State and Zip Cod	e
For further information	E-mail address: (to be used to be used the concerning this matter, please	sed for future annual report se call:	notification)
SHARON S		at (813	634-1162
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as currently	filed with the Florida Dept. of State)	
299000073409		
(Document Number of	Corporation (if known)	_
Fursuant to the provisions of section 607.1006, Florida Statutes, this $F$ is Articles of Incorporation:	Torida Profit Corporation adopts the fo	llowing amendment(s)
. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation," "co Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbi professional corporation name must	The new eviation "Corp.," contain the word
. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<del></del>
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> ·
		~ ~ ~
		<del></del>
. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	53 3
Name of New Registered Agent		
		- <u>-</u> -
<del></del>	et address)	<del></del>
(Florida stree		
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Check if applicable

 $<sup>\</sup>square$  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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	JOHN B PREVATT	5311 STATE RD 674
Add			WIMAUMA, FL 33598
X Remove			
2) Change	P	SHARON S PREVATT	P.O. BOX 5611
X Add			SUN CITY CENTER, FL. 33571
Remove 3) Change		<del></del> .	
Add			
Remove			******
4)Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

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	ovides for an exch	iange, reclassifica	tion, or cancellatio	n of issued shares,	
f an amendment pro		ndmant if not can	tained in the amen	dment itself:	
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The date of each amendment(s) adoption:	, if other than
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file dater	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	dement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature  (By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)  SHARON S PREVATT	een court
(Typed or printed name of person signing)	
TREASURER	

(Title of person signing)

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