P99000095755

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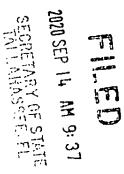
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	nation: Thrasher	Site Developm	nent, Inc.
	ER: <u>P99000095</u>	•	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		Name of Contact Person Sile Development Firm/ Company	
	17130 WD Bonita Sp	begon Dr. Mai Address Angs. FL 33913 City/ State and Zip Code	ing: P.O. Bop367672 Bonita Springs, F234136
	E-mail address: (to be us	voices 29 mail. Consed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jo Ann a	Stafford of Contact Person	at (<u>239</u> Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Sissing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2020 SEP 14 AM 9: 37

Thrasher (Name of Corporation as currently filed with the Florida Dept. 15 State) ? Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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 Jo Ann Stafford 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. Word 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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VPS	D. Carl Thrasher	unkmwn
Add	·		
Remove 2) Change	√ 1 , S	Jo ANN Stafford	17130 Wobeyon Dr
X Add			Ft. Myes, PL 33913
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

(Truch man	or adding additional Artic onal sheets, if necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·		
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F. If an amend	ment provides for an excha	inge, reclassificati	on, or cancellation	of issued shares,	
provisions	or implementing the amen	dment if not conta	tined in the amendi	nent itself:	
	pplicable, indicate N/A)				
(if not					
(if not					
(if not					
(if not					
(if not					
(if not					
(if not					
(if not					
(if not					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: September	9, 2020 n 90 days after amendment file date)
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/	were sufficient for approval
by	<u>,</u> ,,,
by	
Dated 9/9/2020 Signature H. Kuft Thronh	
Simular Will Thronke	
(By a director, president or other of	flicer – if directors or officers have not been the hands of a receiver, trustee, or other court
H. Keith (Typed or print	Thinsher ed name of person signing)
PRESIDENT (Title of person	