## 503679

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BOB BARRY BAIL BOULS, INC
DOCUMENT NUMBER: 503679
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT HAVEY
BOB Brossy Box Bours, INC.
3801 W. INTRUMPIONAL SPEEDWAY
DAYTONA BEACH, FL 32124  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Correct Have   at (904) 463-268     Name of Contact Person   Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  CLANGE  PROBLE  Certificate of Status  Certified Copy (Additional copy is enclosed)  CANDEL  CHANGE  CERTIFICATE OF Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

**Articles of Amendment** 

	Articles of Inc	orporation	2021 HAR -5 PH 12:	
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	f Corporation as currenth		Dont of State)	<del>//</del>
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7	03679		<u> </u>	
	(Document Number of	Corporation (if known)	)	
Pursuant to the provisions of section 607. Its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporat	tion adopts the following amend	iment(s)
A. If amending name, enter the new na	me of the corporation:			
			The I	new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A		ated" or the abbreviation "Corp	
B. Enter new principal office address,				_
Principal office address <u>MUST BE A ST</u>	TREET ADDRESS )			
		· .	· · · · · · · · · · · · · · · · · · ·	
				_
Enter new mailing address, if appli				
(Mailing address <u>MAY BE A POST (</u>	<u>/FFICE BYX</u> /			_
				_
). If amending the registered agent an	d/or registered office addr	ess in Florida, enter th	ie name of the	
new registered agent and/or the new				
	Rosser H	AUEU		
Name of New Registered Agent				
	P.O. BOX 43	YULEE, FL	_ 3 <b>a</b> 041	
	(Florida stre			
N. D	3801 W INTERNAT	LYN CPECKIL	484, Florida 32124	
New Registered Office Address:		(Ch.)	7, Florida Cin Code)	_
	•	(City)	(Zsp Code)	
New Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered Agent: ered agent. I am familiar w	rith and accept the oblig	gations of the position.	
	,	, ,	· •	
(	Brown Ha	rgistered Agent, if chang		
<del></del>	Signature of New Re	gistered Agent, if chang	ging	
71				
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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Michael Mic Donnes	520 SIMBON DOM
Add			Kissimier, FC 34744
2) Change Add	P	RUBERT HAVEY	P.O. BUX 43 YULL, FL 32041
Remove 3) Change			
Add			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

Attach additional chapte if macacame.	ticles, enter change(s) here: (Be specific)
Attach additional sheets, if necessary).	(be specific)
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f an amendment provides for an evel	hunge reclassification or cancellation of issued shares
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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te this document was signed.	
ffective date if applicable:	<del>,</del>
(no more than 90 days after amendment file date,	7)
ote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	its, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareh action was not required.	nolder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the am by the shareholders was/were sufficient for approval.	nendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
must be depth and, p. o. mours, course and a rest depth and, or the depth and,	17
"The number of votes cast for the amendment(s) was/were sufficient for approval	,
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