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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Brevard Cards and Coms, Inc.			
DOCUMENT NUMBER: S40131			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Joy A. Wheatley Name of Contact Person  Byevard Cayas and Coms, Inc.  Firm/ Company  221 Brian Dr.  Address  Inclination to FL 32903  City/ State and Zip Code  Mellokith & Cfl. yr. Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Toy Wheatley at (321) 693-3140  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 Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

Brevard Cards and	Coins Inc.	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
54013	31	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>	
N/A		The new
name 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 professional corporation name must	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		2
		<u>ئة .</u>
		,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>သ</u>
(1.144.18) 1.144.18 (1.144.18)		77
		<del></del>
		<u>ယ</u>
D. If amending the registered agent and/or registered office a	iddress in Florida, enter the name of the	
new registered agent and/or the new registered office addr		
Name of New Registered Agent Joy A. V	vheatley	
221 Brian	DY . a street address)	
New Registered Office Address: Notice Can't	<u>√ (.                                    </u>	(Zip Code)
	(Crip)	(zip Code)
New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age		
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the pos	sition.
Signature of Ver	w Registered Agent, if changing	
Check if applicable	regimered rigorii, ij onunging	

☐ 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	P	Harry D. Wheatley	221 Brian Dr.
Add			Indialantic FL.
X Remove			32903
2) X Change	P	Joy A. Wheatley	221 Brian Dr.
Add			Indialantic FL 37903
Remove 3) X Change	$\vee$	Carry Haugin-Butter	FECT Haves Rd.
Add		· · · · · · · · · · · · · · · · · · ·	Columbia MD
Remove			<u>165201</u>
4) Change	<u>_S</u>	Mason D. Wheatley	221 Brian Dr.
<b>X</b> Add		1	Indialantic FL.
Remove			32903
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	V/A
<u>provisions for implementing the ame</u>	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	N/A
<u> </u>	
<del></del>	

•

The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date if applicable:	(no more than 90 days after amendment	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing	•
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors wit	hout shareholder action and shareholder
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cas approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes east for the amer	ndment(s) was/were sufficient for appro	oval
by Cany Haugh Bu	Her-vp Joy Wheatle	<u>24</u> :-S
Dated July 2	0,2020	
Signature	HOBN _	
(By a director, presi	tient er other officer - if directors or of	
selected, by an inco appointed fiduciary	rporator – if in the hands of a receiver, by that fiduciary)	trustee, or other court
Jo	Typed or printed name of person signif	ng)
	Secretary	
	Title of person signing)	