# 593066

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# **COVER LETTER**

TO: Amendment Section Division of Corporation	on rations			
NAME OF CORPOR	ATION: DAV	D L. RI	CHARDS 1	PAITNE
DOCUMENT NUMB	er: <u>S 93</u> 0	66		
The enclosed Articles of	f Amendment and fee are st	bmitted for filing.		
Please return all corresp	nondence concerning this ma	tter to the following:		
-	55 N (oco A	4 TH STR	FL 329	DIR/PRES  NC TE 103  31-2965
	13-man address. (to be in	sed for fature aimuar report	t notification)	
For further information	concerning this matter, pleas	se call:		
DAVID A	RICHARI Contact Person	S at (32)	784-14	49
				Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
\$35 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	NICHAROS -

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)



## Articles of Amendment to Articles of Incorporation of

OKVID L RICHARDS P.	RAINC 5 93066
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SOUTH OF CHEROLOGY
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	vet address)
New Registered Office Address:	(City) (Zip Code)

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.

Signature of New Registered Agent, if changing

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>Jol</u>	hn Doc			
X Remove	<u>V</u> <u>Mi</u>	ike Jones			
X Add	<u>SV</u> <u>Sa</u>	lly Smith			
Type of Action (Check One)  1) Change	DST	PAUL A	1 RICHA	Address 5	5 N 4IUST
AddRemove 2) Change	DST	SUSAN L	. CHAPMA	COCOA B	103 EACH FL 2931-296
Add Remove	, <u> </u>	<u></u>		55 N. 4.2	STH 103 BEACH FL
3) Change	<del></del>		_ <del>_</del>	3293	1-2965
Add					
4) Change Add					
Remove					
5) Change Add					
Remove 6) Change				<del></del>	
Add					
Remove					

	or adding addi onal sheets, if n	ecessary).	(Be specific)					
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an amendn	ent provides f	or an eachan	go roclassific	sation or can	callation of i	erund charar		
rovisions fe	r implementin	g the amend	ment if not co	ntained in the	e amendmen	t itself:		
(if not ap	pplicable, indica	ate N/A)				<del></del> -		
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The date of each amendment(s) adoption date this document was signed.	on: TULY	5, 2018	······	, if other than the
Effective date <u>if applicable</u> :	TULF 5	20/8 90 days ofter amendmen	t file date)	<del></del>
Note: If the date inserted in this block of document's effective date on the Departm		cable statutory filing re	quirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien		e number of votes cast f	for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each	by the shareholders the voting group entitled to	ough voting groups. The vote separately on the c	ne following statement amendment(s);	
"The number of votes cast for the	e amendment(s) was/we	re sufficient for approva	al	
by	(voting group)		 	
<ul><li>The amendment(s was were adopted by action was not required.</li><li>The amendment(s) was/were adopted by the amen</li></ul>				
Dated  Signature  (By a director selected, by a	ly 5-2	cer – if directors or office hands of a receiver, tr	Cers have not been	PRES
		R/CH/		<del></del>
	D/A	e PR	ES	<u> </u>