

P11000024376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

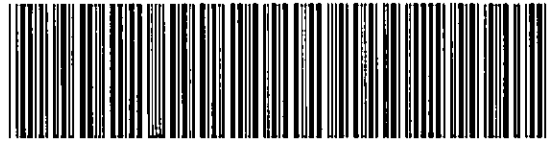
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100344026351

05/05/20--01002--005 \*\*35.00

2020 MAY -5 AM 8:57

370

C. GOLDEN

MAY - 8 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Primetime Risk Solutions Inc.

**DOCUMENT NUMBER:** P11000024376

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trevor K. Brewer  
Name of Contact Person  
BrewerLong PLLC  
Firm/ Company  
620 N Wymore Rd Ste 270  
Address  
Maitland, FL 32751  
City/ State and Zip Code  
tbrewer@brewerlong.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Brewer at ( 407 ) 660-2964  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# Brewer Long

BUSINESS LAW

---

April 24, 2020

Via FedEx

Ms. Claretha Golden  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N Monroe St, Suite 810  
Tallahassee, FL 32303

Re: Primetime Risk Solutions Inc. | Ref. No. P11000024376

Dear Ms. Golden:

Thank you for speaking with me earlier this week concerning the merger filings for Primetime Risk Solutions Inc. (Ref. No. P11000024376) and Axel Works LLC (Ref No. L19000002098). As we discussed, the companies intend that (1) Axel Works LLC merges into Primetime Risk Solutions Inc., which is the surviving entity, and (2) Primetime Risk Solutions Inc.'s name is changed to Axel Works Inc.

We have addressed the requirements described in your letters dated April 8, 2020, copies of which are enclosed. In particular, the 2020 annual reports for both companies have been filed.

To aid your processing these filings in the proper order (merger then name change), the enclosures are clipped together in two separate packets, as follows:

Packet #1 – Merger. This packet includes the following:


1. Your letter dated April 8, 2020 related to the merger filing.
2. Articles of Merger for Florida Corporation as Surviving Entity.
3. Check No. 3169 in the amount of \$10, as the balance for the merger filing fee.
4. Originally filed Articles of Merger for Florida LLC.

Packet #2 – Name Change. This packet includes the following:

1. Your letter dated April 8, 2020 related to the name change filing.
2. Articles of Amendment for Primetime Risk Solutions Inc.
3. Check No. 3168 in the amount of \$35 for the amendment filing fee.

Thank you again for your assistance. Please advise if you need any additional information.

Sincerely,



Trevor Brewer  
tbrewer@brewerlong.com

Encls.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2020

TREVOR K. BREWER, ESQUIRE  
620 N WYMORE ROAD  
SUITE 270  
MAITLAND, FL 32751

SUBJECT: PRIMETIME RISK SOLUTIONS INC.  
Ref. Number: P11000024376

We have received your document for PRIMETIME RISK SOLUTIONS INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 320A00007530

Articles of Amendment  
to  
Articles of Incorporation  
of

PRIMETIME RISK SOLUTIONS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000024376

(Document Number of Corporation (if known))

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:**

AXEL WORKS, INC.

*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)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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 N/A

N/A

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A _____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
3 ) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A



The date of each amendment(s) adoption: March 31, 2020, if other than the date this document was signed.

Effective date if applicable: April 1, 2020  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

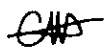
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated Mar 19, 2020

Signature

  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher J. Hayne

(Typed or printed name of person signing)

President

(Title of person signing)