P25 0000 25561

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: @CT.COM. INC			_
	BER: P25000025561			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	CHARLENE FAILS			
		Name of Contact Person	1	
	@CT.COM. INC			
		Firm/ Company	<u> </u>	
	7954 STREAM RIDGE ROA	vD		<u> </u>
		Address		一三音
	PENSACOLA, FL 32526			77.
		City/ State and Zip Code		
	CHARTENNANT123.CT@C	SMAIL COM		· .
		ed for future annual report	notification)	- :
				·
For further informatio	n concerning this matter, pleas	se call:		
CHARLENE FAILS		516	317-6046	
Name of Contact Person		at (516) 317-6046 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		
Taliahassee, Fl. 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

OCT. COM, INC	
	filed with the Florida Dept. of State)
P25000025561	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
1RT NEVER FAILS INC	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	\$02
C. Enter new mailing address, if applicable:	77.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	rt 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 wi	th and accept the obligations of the position.
Signature of New Res	zistered Agent, if changing

Check if applicable

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

X Remove V Mike Jones X Add SV Sallv Smith Type of Action (Check One) Title Name Address 1) Change	X Change	<u>PT</u>	John Do	<u>ne</u>		
Type of Action (Check One) 1) Change Add Remove 2) Change Add Add Add Add Add Add Remove 3) Change Add Add Add Add Remove Add Remove Add Remove Add Remove Add Add Add Remove Add Add Remove Add Add Add Add Add Remove Add	X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
(Check One) 1) Change	X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
	Type of Action Check One)	<u>Title</u>		<u>Name</u>		Address
) Change		_ _		- 1000	
2)Change	Add					
Add	Remove					
Remove Change	!) Change		_			
Add	Add					
Remove	Remove Change		_		<u></u> _	
4) Change	Add					
Add	Remove					
Remove) Change		_			
5) Change	Add					
Add	Remove					
	() Change		_			
Remove	Add					
	Remove					
6) Change			_			
Add						
Remove						

	ding additional Arti heets, if necessary).	(Be specific)				
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	<u></u>		**			
			<u>-</u>			
						
f an amendment j	provides for an excl	hange, reclassifica	ation, or cancellat	ion of issued shar	res.	
tifnot applied	plementing the ame ble, indicate N/A)	endment if not co	ntained in the am	<u>enament itseit:</u>		
(i) not appace	me, mateure wa)					
			· •		<u> </u>	
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	06/01/2025	
The date of each amendmen date this document was signed	t(s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	e)
	this block does not meet the applicable statutory filing requireme he Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the a ere sufficient for approval.	mendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendm	
	s cast for the amendment(s) was/were sufficient for approval	
by	<u>,</u>	
	(voting group)	
06/01. Dated Signature	Charle Fails	
(E	by a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, of oppointed fiduciary by that fiduciary)	
	CHARLENE FAILS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	