Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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(((H210003687373)))



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From: Account Name : CAPITOL SERVICES, INC. Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622		Division of Corporations Fax Number : (850)617-6380);;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Account Number: 120160000017 Phone: (855) 498-5500	From:		_
Phone : (855) 498-5500	. •	Account Name : CAPITOL SERVICES, INC.	≥
· · ·		Account Number: 120160000017	\equiv
Fax Number : (800)432-3622		Phone : (855) 498-5500	-
		Fax Number : (800)432-3622	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN BALLENGER & COMPANY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	08
Estimated Charge	\$43.75

OCT 0 4 2021

A. LUMT

Email Address:

TO: Amendment Section

H21000368737

COVER LETTER

Division of Corp	porations		
NAME OF CORPO	RATION: BALLENGER &	COMPANY, INC.	
	BER: P99000034842		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corn	espondence concerning this ma	atter to the following:	
	Ellen Stewart		
		Name of Contact Perso	n .
	Spencer Fane LLP		
		Firm/ Company	
	1700 Lincoln Street, Suite 20	000	
		Address	
	Denver, CO 80203		
		City/ State and Zip Cod	le .
est	ewart@spencerfane.com		
		(to be used for future annua	l report notification)
For further information	on concerning this matter, plea	se call:	
Chelsea Fury		at (417	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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 is enclosed)
Mailing Ad	dress:	Street Address	•
Amendment			Iment Section
	Corporations		on of Corporations
P.O. Box 63			entre of Tallahassee
Tallahassee,	, FL 32314		V. Monroe Street, Suite 810
		I allah:	assee, FL 32303

Articles of Amendment Articles of Incorporation of BALLENGER & COMPANY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P99000034842 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Balen Co, Inc. 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (City) 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.

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Signature of New Registered Agent, if changing

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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)

Example:

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 Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>Y</u>	Mike Jos	ncs	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Page 2 of 6

	poration is organized is to create a general public benefit and:
The general and/or specific public benefollows (optional):	efit(s) to be created by the corporation (in addition to its general purpose) i
	
The additional qualifications of Benefi	it Director(s), if any, are as follows:
•	EDicoul(s), if any, are as follows.
	Diccor(s), it ally, are as follows.
	The contact and the contact an
	Diccor(s), ii ally, ale as follows.
	The control of the co
The name(s) and address(es) of the Be	nefit Director(s) and/or Benefit Officer(s), if any:
	nefit Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Be Name and Title:	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
The name(s) and address(es) of the Be	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
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The name(s) and address(es) of the Be Name and Title: Address:	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary)
The name(s) and address(es) of the Be Name and Title: Address: The corporation, in accordance with the	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary) the required minimum status vote, terminates its status as a Florida Profit Be
The name(s) and address(es) of the Be Name and Title: Address: The corporation, in accordance with the	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary)
The name(s) and address(es) of the Be Name and Title: Address: The corporation, in accordance with the	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary) the required minimum status vote, terminates its status as a Florida Profit Be
The name(s) and address(es) of the Be Name and Title: Address: The corporation, in accordance with the	nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary) the required minimum status vote, terminates its status as a Florida Profit Be

is:	
The public benefit for which the corpora	ation is organized is:
The public occions for which the cospora	see to organized to.
	· · · · ·
The specific public benefit(s) to be creat	ted by the corporation (in addition to the above) is/are as follows (optional)
	
The additional qualifications of Benefit	Director(s), if any, are as follows:
The additional quantitions of Benefit	Director(s), is any, are as renews.
	
The name(s) and address(es) of the Bene Name and Title:	efit Director(s) and/or Benefit Officer(s), if any: Name and Title:
Name and The	Name and Title.
Address:	Address:
	(Include attachment if necessary)
	(Include attachment if necessary)
	required minimum status vote, terminates its status as a Florida Profit Soci
	required minimum status vote, terminates its status as a Florida Profit Soci
	(Include attachment if necessary) required minimum status vote, terminates its status as a Florida Profit Soci 505, F.S. The revised purpose for which the corporation is organized is as fo

G.	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The	name of the corporation shall be changed to Balen Co, Inc.
_	
AI.	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)
	(y not applicable, vialcale MA)
	

The date of each amendment(s)	edoption:	if other than the
date this document was signed.		
Effective date if applicable:		<u>_</u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	202 202
☐ The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	SION OF
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	SECRETARY OF STATE SECRETARY OF CORPORATE
October 1 Dated	, 2021	Ho:
		5
Signature 7	Nark A. Ballenger	
(By a select	director, president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	-
	Mark A. Ballenger	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	