P13 000013928

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MAR 23 2021 S. YOUNG



COVER LETTER

Division of Corporations
NAME OF CORPORATION: The Sevenity touch Coep DOCUMENT NUMBER: P13000013928
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nichol Zacata Name of Contact Person
The Secenity touch Corp
1100 N. Fl. Mango RD.
W.P.B F1 33409 City/ State and Zip Code
E-mail address: (to be used for flature annual report facilities ion)
For further information concerning this matter, please call:
Name of Contact Person at (561) 323.1256 Area Code & Daytime Telephone Number
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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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, F1, 32303

Articles of Amendment to Articles of Incorporation of

	ouch coxp
` <u>`</u>	ly filed with the Florida Dept. of State)
	013928
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: The Sevenity tou	1- G/040 (OPO)
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."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	407 N. Dixic Hwy
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Lake worth Beach Bri 33460
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	Florida
	(City) (Zıp Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Machal Signature of New A	Registered Trans if changing
Signature of them to	
Check if applicable ☐ 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.

<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)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			····
2) Change			
Add			-
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F Ifame	nding or adding additional Articles, enter change(s) here:	•
(Attach	additional sheets, if necessary). (Be specific)	
		•
	<u> </u>	
		<u> </u>
•		
		:
-		·
		
		
F. <u>If an a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:	
	f not applicable, indicate N/A)	
		
		
		
		
		
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	each amendment(s) ad ument was signed.	option:	1 2/2/21	, if oth	er than the
Effective da	te <u>if applicable</u> :	(no more	2/2/2 e than 96 days after amendment file da	 rte)	_
Note: If the document's o	date inserted in this bleffective date on the De	ock does not meet the partment of State's rec	ne applicable statutory filing requirements.	ents, this date will not be li	sted as the
Adoption of	Amendment(s)	(CHECK ON	<u>E</u>)		
	dment(s) was/were ado s not required.	oted by the incorporat	tors, or board of directors without shar	eholder action and sharehold	ler
	dment(s) was/were ado archolders was/were su		ers. The number of votes cast for the a	amendment(s)	ů
			ders through voting groups. The follow		
··Th	e number of votes cast	or the amendment(s)	was/were sufficient for approval		•
		(voting group)	")		•
by			2.101		
Бу	Dated	2/2/2/2/3	Ald I		
Бу	Signature(By a di	rector, president or oth, by an incorporator –ed fiduciary by that fie	ther officer indirectors or officers have if in the hands of a receiver, trustee, enduciary)	ve not been or other court	

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