

FC5000006154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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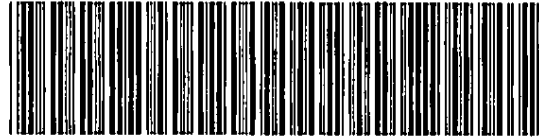
(Business Entity Name)

(Document Number)

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

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2020 NOV 12 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FL

12/18/20

Can

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Impressions Solutions, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F05000006154

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy M. Pinner

\_\_\_\_\_  
Name of Contact Person

Tanner & Guin, LLC

\_\_\_\_\_  
Firm/Company

PO Box 3206

\_\_\_\_\_  
Address

Tuscaloosa, AL 35403

\_\_\_\_\_  
City/State and Zip Code

wendy@tannerguin.law

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy M. Pinner

at ( 205 ) 633-0237

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

**FILED**

2020 NOV 12 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FL

SECTION I  
(1-3 MUST BE COMPLETED)

F05000006154

(Document number of corporation (if known))

1. Impressions Solutions, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Mississippi 3. 10/20/2005  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 01/16/2020
5. Impression Solutions, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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) (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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

William R McEldon

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

William R McEldon

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

Impression Solutions, Inc.

Business ID: 690499

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 06th day of November, 2020.

Given under my hand and seal of office  
the 06th day of November, 2020

A handwritten signature in black ink, appearing to be "JL Lee", written over a horizontal line.

Jeffrey L. Lee, Assistant Secretary of State

Certificate Number: CN20096772

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

**F0012**  
**Fee: \$ 50**



**Michael Watson**  
SECRETARY OF STATE

**2019310621**

Business ID: 690499  
Filed: 01/16/2020 11:00 AM  
Michael Watson  
Secretary of State

## Articles/Certificate of Amendment

### Business Details

**Business ID:** 690499

**Business Name:** IMPRESSIONS SOLUTIONS, INC.

### Current Business Name

**Business Name:** IMPRESSIONS SOLUTIONS, INC.

### Amended Business Name

**Business Name:** Impression Solutions, Inc.

### Adoption and Approval Voting

The amendment(s) was(were) adopted on 01/01/2020.

- ☐ The Incorporators.
- ☒ The Directors without shareholder action and shareholder action was not required.
- ☐ The shareholders in the manner required by the Mississippi Business Corporation Act and the Articles of Incorporation.

### Signature

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **12/19/2019**.

**Name:**

Ronald E. Harper  
*President*

**Address:**

327 Yorkville Road East, 327 Yorkville Road East  
Columbus, MS 39702