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A. RAMSEY SEP - 6 2022

122 SEP -6 AM 8: 11

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPO	RATION: Dee-Jay & Associa	ates Inc. of Florida	
DOCUMENT NUM			
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Mark Cross		
		Name of Contact Person	
	Dee-Jay & Associates Inc. of	Florida	
		Firm/ Company	
	1012 W. Emmett St Suite D	1	
		Address	
	Kissimmee, FL 34741		
		City/ State and Zip Code	
	markcrossea@prodigy.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Mark Cross		at (<u>40</u> 7	944-4242 _)
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahasson Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

1211		
2022 SEP -6	AM 8.	: 14

	Articles of	Incorporation		
		of	2022 SEP - C	
DEE - JAY & ASSOCIATES INC. OF F	LORIDA		2022 SEP -6	AM 8: 14
(Name o	of Corporation as curre	ntly filed with the Fl	orida Dept. of State)	2000
146163			· 20	
	(Document Numbe	er of Corporation (if kr	iown)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Cor</i>	<i>poration</i> adopts the fo	llowing amendment(s
. If amending name, enter the new na	ame of the corporation:			
				The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "Cochartered," "professional association,"	Corp," "Inc," or "Co".	A professional cor		reviation "Corp.,"
. Enter new principal office address,			ETT ST SUITE D	
Principal office address MUST BE A S		KISSIMMEE, I	FL 34741	
. Enter new mailing address, if appli				
(Mailing address MAY BE A POST)	OFFICE BOX)			
		_		
		•		
If amending the registered agent an new registered agent and/or the new			ter the name of the	
new registered agent and/or the nev		ess:		
Name of New Registered Agent	MARK CROSS EA		<u> </u>	
	1012 W EMMETT ST S	SUITE D		
	(Florida	street address)		
New Registered Office Address:	KISSIMMEE		, Florida ³⁻	3741
New Revisierea Unice Address.			, FIOFIDA	(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.

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.

Example: X Change	<u>PT</u> <u>Jol</u>	ın Doc	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PCEO	JEANNE KLINE	4716 WINDWOOD DR
Add			KISSIMMEE, FL 34746
X Remove			77 W CEDARWOOD CIR
2) Change	PCEO	MARK CROSS	KISSIMMEE, FL 34743
X Add			77 W CEDARWOOD CIR
Remove 3) Change	<u>V</u>	DORA A CROSS	KISSIMMEE, FL 34743
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

macii a	dditional sheets, i	if necession)	(Be specific)	nge(s) here:			
	iamonai suceis, i	ij necessary).	(be specific)				
							
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If an am	endment provide	es for an exch	ange, reclassif	ication, or canc	<u>ellation of issue</u>	<u>d shares.</u>	
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
. The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehol	der action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	·"	
	(voting group)	
August 1 Dated	9th, 2022	
Signature 🔫	Leanne Kline	
	director, president or other officer - if directors or officers have no	
	ted, by an incorporator - if in the hands of a receiver, trustee, or ot inted fiduciary by that fiduciary)	her court
••	JEANNE KLINE	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	