H90962

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: 4287 NORTH ATI | ANTICE AVENUE, INC. | | | |
|--------------------------|---|--|--|--|--|
| DOCUMENT NUMB | F10004.2 | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | nondence concerning this ma | tter to the following: | | | |
| | David R. Roy | | | | |
| - | | Name of Contact Person | | | |
| | David R. Roy, P.A. | | | | |
| - | Firm/ Company | | | | |
| | 4209 N. Federal Hwy. | | | | |
| - | | Address | | | |
| | Pompano Beach, FL 33064 | | | | |
| - | | City/ State and Zip Code | | | |
| 1 | raabeles@gmail.com | | | | |
| - | E-mail address: (to be us | sed for future annual report | notification) | | |
| | | | | | |
| For further information | concerning this matter, pleas | se call: | | | |
| David R. Roy | | at (954 | 784-2961 | | |
| Name o | f Contact Person | Area Coo | le & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artinent of State: | | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divis P.O. | ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314 | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303 | | |

Articles of Amendment to Articles of Incorporation

| 4287 NORTH ATLANTIC AVENUE, II | NC. | | |
|--|--|---|---------------------------------------|
| (Name (| of Corporation as currentl | y filed with the Florida Dept. of Stat | <u>r</u>) |
| 1190962 | | | |
| | (Document Number o | Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Catartered," "professional association," | Corp." "Inc." or "Co". A | l professional corporation name mus | breviation "Corp" It contain the word |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 393 Harbor Drive | |
| | | Cape Canaveral, FL 32920 | 7: PER 23 F. 2: |
| | | | |
| D. If amending the registered agent ar new registered agent and/or the new | nd/or registered office udd w registered office uddress | ress in Florida, enter the name of the | ?: 28 : |
| Name of New Registered Agent | Ron Abeles | | |
| nume of the negative rath | 393 Harbor Drive | | |
| | (Florida str | eet address) | |
| New Registered Office Address: | Cape Canaveral | , Florida | 32920 |
| ter regulation of the second | | (City) | (Zip Code) |
| | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | hanging Registered Agent tered agent. I am familiar | i with and accept the obligations of the p | osition. |

Signature of New Registered Agent, if changing

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.

| Example: X Change | <u>PT</u> | John Doe | |
|----------------------------|-------------|--------------|--------------------------|
| X Remove | <u>y</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | PTSD | Ron Abeles | 393 Harbor Drive |
| X Add | | | Cape Canaveral, FL 32920 |
| Remove | | | |
| 2) Change | PTSD | Eric Platero | 8000 North Federal Hwy. |
| Add | | | Suite 200 |
| X Remove | | | Boca Raton, FL 33487 |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| A d d | | | <u> </u> |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| re | restantification or expediation of ignard shows |
| provisions for implementing the amer | ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| | December 31, 2020 | | |
|--|--|---|--------------------|
| The date of each amendmen | • • | | if other than the |
| date this document was signed | | | |
| | December 31, 2020 | | |
| Effective date <u>if applicable</u> : | (no more than 90 d | lays after amendment file date) | |
| | his block does not meet the applicab ne Department of State's records. | ole statutory filing requirements, this date will no | t be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/we action was not required. | e adopted by the incorporators, or boa | ard of directors without shareholder action and sha | ireholder |
| The amendment(s) was/we by the shareholders was/w | • • | umber of votes east for the amendment(s) | |
| | e approved by the shareholders throug d for each voting group entitled to vot | gh voting groups. The following statement te separately on the amendment(s): | |
| "The number of votes | east for the amendment(s) was/were | sufficient for approval | |
| by | | . " | |
| · · · · · · · · · · · · · · · · · · · | (voting group) | | |
| 12/31/ | 2020 | | |
| Dated | | | |
| | | 160 | |
| Signature <u>(</u> | | | |
| | | - if directors or officers have not been | |
| | fected, by an incorporator – if in the h pointed fiduciary by that fiduciary) | ands of a receiver, trustee, or other court | |
| | Ronald Abeles | | |
| | (Typed or printed nar | me of person signing) | |
| | President | | |
| | (Title of person signi | ng) | |