J38903

| (Requestor's Name) |
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| (Address) |
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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Mail Room Inc. Service NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 🔀 \$35 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

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|-----|---------|-------|------|-----|

| J38903 | | | |
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| | (Document Number of Corporation (i | f known) | |
| Pursuant to the provisions of section 607.10 ts Articles of Incorporation: | 06, Florida Statutes, this <i>Florida Profit</i> C | Corporation adopts the following a | mendment(s) to |
| A. If amending name, enter the new nam | ne of the corporation: | | |
| | | Ti | he new |
| name must be distinguishable and contain the "Inc.," or Co.," or the designation "Con "chartered," "professional association," o | rp," "Inc," or "Co". A professional o | ncorporated" or the abbreviation ' corporation name must contain t | 'Corp.,'' he word |
| 3. Enter new principal office address, if | applicable: | 2 | <u>ئي</u> |
| Principal office address <u>MUST BE A STI</u> | | ŗ | 39 |
| | | | <u> </u> |
| | | | |
| | | | 0 |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF | | | MH 10: 30 |
| (Making address MAT BE A 1031 OF | | - | - - |
| | | | <u>۔ جب</u> |
| | | | 0 |
|). If amending the registered agent and/ | or registered office address in Florida | enter the name of the | |
| new registered agent and/or the new i | | enter the name of the | |
| Name of New Registered Agent | AICHAEL JAMES DESALVO | | |
| ı | 1062 S. Military Trail | | |
| - | (Florida street address) | | |
| New Registered Office Address: | oynton Beach | Florida 33436 | |
| . TO IT THE ADDITION CONTROL THERE CO.S. | (City) | /Zip Cod | ابراً |

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

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)

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 Doe | |
|----------------------------|--------------------|-----------------------|-------------------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> <u> </u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) X Change | P. VP. S | Michael James DeSalvo | 11062 S. Military Trail |
| Add | | | Boynton Beach, Florida 33436 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | P,D, VP. | Laurel K. Giller | Boca Raton, Florida 33487 |
| Add | | | |
| Remove | | | |
| 4) Change | | michael James Desalvi | 11062 S. Military Trad |
| X Add | | | Bayaton Deach Frank |
| Remove | | | , , , , , , , , , , , , , , , , , , |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| <u>If a</u> (Atta | mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific) |
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| <u>lf a</u> | n amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| pr | ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
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| June 26, 2020 | |
|---|--------------------------------|
| | , if other than the |
| date this document was signed. | |
| June 26, 2020 | |
| Effective date if applicable: (no more than 90 days after amendment file date) | |
| (no more than 30 days after amenament fire date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required. | ction and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | nt(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s): | ement |
| "The number of votes east for the amendment(s) was/were sufficient for approval | |
| by" | |
| by | |
| Signature Faul 1. Will (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary) | |
| Laurel K. Giller | |
| (Typed or printed name of person signing) | |
| President, Director | |
| (Title of person signing) | |