N15000000306

(Requestor's N	ame)
(Address)	
(Address)	
(1,001,030)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	y Name)
(Document Nu	mher
(2004111011111011	11001)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	er:
_	

Office Use Only



900412251799

07/17/23--01013--005 **35.00



AUG 1 7 2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	LAUNCH GLOBA ON:	L, INC.				
	N15000000306				•	
DOCUMENT NUMBER:				_		
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.				
Please return all correspond	ence concerning this matt	ter to the following:				
Lisa Balcerzak						
		(Name of Contact l	Person)			
Launch Global, Inc.						
		(Firm/ Compar	ny)	· ·	 -	
19601 Ben Hill Griffin Pky	vy					
		(Address)				
Fort Myers, FL 33913						
	•	(City/ State and Zip	Code)			
Lisa.balcerzak@summitlife	e.com					
	:-mail address: (to be use	d for future annual re	eport no	tification	1)	
For further information con	cerning this matter, please	e call:				
Lisa Balcerzak		я	239 at		222-8474	
	(Name of Contact Person		(Area	Code)	(Daytime Tele	phone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Depart	ment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		Certifi Certifi	icate of Status ied Copy tional Copy is	
Mailing A	Address	<u>S</u>	treet Ac	ldress	·	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Launch Global, Inc.			
(Name of Corporation as currently filed with the Florid	ia Dept. of State)		
N15000000306			
(Document Nu	mber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corpo	ration:		
EQUIPT, INC.			The new
name must be distinguishable and contain the word "corp- "Company" or "Co." may not be used in the name.	oration" or "incorpora	ted" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SS</u>)		
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			202:
			•
	<u> </u>	•	:
	 		· :
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office.		da, enter the name of the	. ID:
Name of New Registered Agent:		Č	5
Nume of New Negmerea Agent.			
New Registered Office Address:	-, .	(Florida street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		ept the obligations of the position.	
	Signature of New Reg	istered Agent, if changing	

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	i <mark>g additio</mark> ts. if necc	onal Articles, enter change(s) here: ssary). (Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
			

Effective date <u>if applicable</u> : 07/12/2023 (no more than 90 days after amen	dment file date)
The date of each amendment(s) adoption:late this document was signed.	if other than th
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
	
	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 7/13/23
Signature That I
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
Treasurer/Director
(Title of person signing)