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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Project GOO INC				
DOCUMENT NUMBER: N 18000013294				
	_			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Hinton G. Battle II (Name of Contact Person)				
Project 600 INC				
(Firm/ Company)				
1211 W. Tharpe Street				
(Address)				
Tallahassee FLorida 32303				
(City/ State and Zip Code)				
Hinton Battle & Gmail. Com E-mail address: (to be used for future annual report notification)				
ri-man address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
H, N + ON G. Battle at 850 - 212 - 5191 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee □ S43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is Enclosed)				
Mailing Address Street Address				

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

Articles of Incorporation of

_	Articles of Incorporation of	FILED
Projec	+ GOO INC	
(Name of Corporation as currently filed with the	Florida Dept. of State) 2024	JUN 13 ANTI: 37
N 18 0000 13294		
(Docum	ent Number of Corporation (if known)	A MATE
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not For Profit Corporation	a adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation.	on "Corp." or "Inc."
B. Enter new principal office address, if applical		s Service
(Principal office address MUST BE A STREET A	DDRESS) 1211 W. Tharbe St	ree t
	Tallahassee, FLor	da 32303
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	20V)	
(Stating dutress MAT BE A POST OF FICE I		<u> </u>
	1211 W. TITAY	1 327/13
	1/2/1AXABSAL, PI	<u> </u>
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of ed office address:	<u>the</u>
Name of New Registered Agent:	Community Business Ser	Vice
	1211 W. Tharpe Street	<u> </u>
New Registered Office Address:	1 (Florida street address)	
	Tailla Lassee Flor	ida 32303
	(City) (Zi	ida <u>32303</u> ip Code)
New Registered Agent's Signature, if changing R		
1 hereby accept the appointment as registerea agent	t. I any familiar with and accept the obligations of the	e position.
_	1/25hNE (2/1)	EENEE
_	Signature of New Registered Agent, if chang	ing
	/	

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 hold. 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	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u></u>	Ronnie Knight	841 NW 34th Terr Lauderhill, FL 33311
2) Change Add	<u>V</u> _	Steve Clark	1093 Rockbrook Ct Tallahasser FL 32311
Remove 3) Change Add Remove	P	Hinton Battle IT	1211 W. THAIPE ST TATIALUSSRE, P1 37303
4)ChangeAdd	$\overline{\bot}$	MARY JOYCE Wilso	1211 W. THAYPE ST Tallahasser, = 132303
Remove  5) Change Add	_5_	Stephanile Jadeson	1211 W. THAIPS ST
Remove  6) Change Add		DANIELLE BUHLER	Tallahasser, F132303 1211 W. THANPS ST
Remove			TAllahassar, F1 32303
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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he date of each amendment(s) ac ate this document was signed.	doption:	, if other than the
	1-13-2024	
ffective date <u>if applicable</u> :	6-13-2024 (no more than 90 days after amendment file date)	
	ock does not meet the applicable statutory filing requirements, this date	will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were acwas/were sufficient for approva	dopted by the members and the number of votes cast for the amendmen	nt(s)

.

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

Signature

(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)