## N19000000275

| (Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |
|--|
| (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL                     |
| (Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL                     |
| (City/State/Zip/Phone #)   |
| (City/State/Zip/Phone #)   |
| (City/State/Zip/Phone #)   |
| PICK-UP WAIT MAIL  |
| PICK-UP WAIT MAIL  |
|  |
|  |
|  |
|  |
| (Business Entity Name)   |
| (See 1100 Entry Marrie)  |
|  |
| (Document Number)  |
|  |
| Certified Copies Certificates of Status                                      |
|  |
|  |
| Special Instructions to Filing Officer:                                      |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



500421877295

(0)/15/24--01019--004 -+#39,00

a / 2/3/2024

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassec, FL 32314

| NAME OF CORPORATION:   |                         |  |   |
|--|-------------------------|--|---|
| N19000000275 DOCUMENT NUMBER:  |                         |  |   |
| The enclosed Articles of Amendment and fee are sui                       | bmitted for filing.     |  |   |
| Please return all correspondence concerning this man                     | tter to the following:  |  |   |
| Bill Butler  |                         |  |   |
|  | (Name of Contact P      | erson)   | · · · · · · · · · · · · · · · · · · ·                     |
|  | (Firm/ Compan           |  |   |
|  | (Filliv Compan          | y)   |   |
| 1625 Enon Court  |                         |  |   |
|  | (Address)               |  |   |
| Rock Hill, SC 29732  |                         |  |   |
|  | (City/ State and Zip    | Code)  |   |
| butlerwj18@gmail.com   |                         |  |   |
| E-mail address: (to be use   | ed for future annual re | port notification  | n)  |
| For further information concerning this matter, pleas                    | se call:                |  |   |
| Bill Butler  | at                      | 607  |   |
| (Name of Contact Perso   |                         | (Area Code)  | (Daytime Telephone Number)                                |
| Enclosed is a check for the following amount made p                      | payable to the Florida  | Department of  | State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status            |                         | Cenif<br>is Centif   | D Filing Fee icate of Status icd Copy tional Copy is sed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Ar<br>Di                | rect Address<br>mendment Sect<br>vision of Corpo<br>ne Centre of T | orations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| Name of Corporation as currently filed with the  | e Florida D  | ept. of State)                        | STALENT, INC <sup>2024</sup> CO. 16 FM  |
|--|--------------|---------------------------------------|---|
| N19000000275   |              |                                       |   |
| (Docum   | nent Numbe   | r of Corporation (if know             | vn)                                     |
| Pursuant to the provisions of section 617,1006, Flormendment(s) to its Articles of Incorporation:    | rida Statute | s, this <i>Florida Not For F</i>      | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the   | e corporati  | on:                                   |   |
| CHARGE CO-CREATING, INC.   |              |                                       | The new                                 |
| ame must be distinguishable and contain the word<br>Company" or "Co." may not be used in the name    |              | ion" or "incorporated" o              |   |
| B. Enter new principal office address, if applicable   |              | 1625 Enon Court                       |   |
| (Principal office address MUST BE A STREET ADD   |              | Rock Hill, SC 29732                   |   |
|  |              | · · · · · · · · · · · · · · · · · · · |   |
|  |              |                                       |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE                   | <i>BOX</i> ) | 1625 Fnon Court                       |   |
|  |              | Rock Hill, SC 29732                   |   |
|  | •            |                                       |   |
|  |              |                                       |   |
| ). If amending the registered agent and/or regis   |              |                                       | ter the name of the                     |
| new registered agent and/or the new register   |              |                                       |   |
| Name of New Registered Ayent:  | Keith Glov   | vins<br>                              |   |
|  | 742 Enola    | Place                                 |   |
| New Registered Office Address:   |              | (Floria                               | a street (xidress)                      |
| The V  |              | es                                    | 32162                                   |
|  |              | (City)                                | , Florida<br>(Zip Code)                 |
|  |              | •                                     | • • /                                   |
| 1. <b>m</b> • 4   4   4   4   4   4   4   4   4   4  |              |                                       | kli                                     |
| lew Registered Agent's Signature, if changing F<br>hereby accept the appointment as registered agent | t. I am fan  | iiliar with and accept the            | odugations 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 <math>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 A Add | PT John Do<br>Y Mike Jo<br>SV Sally Sr | ncs  |  |
|----------------------------------|--|--|--|
| Type of Action<br>(Check One)    | Title                                  | Name   | <u>Addres</u> s  |
| 1) <u>× Change</u> Add           | <u>C</u>                               | Scott Miller                                 | 3301 Bayshore Drive Unit 1805                          |
| Remove                           |  |  | Tampa, FL 33629  |
| 2) Change Add                    | <u>P</u>                               | Devin Lunt                                   | 921 N Central Ave<br>Unit 5123                         |
| Remove  3) Change  x             | <u>CEO</u>                             | Keith Glovins                                | Tampa, FL 33602 742 Enola Place The Villages, FL 32162 |
| 4) Change Add                    | <u>D</u>                               | Sara Mazzola                                 | 506 E North Street<br>Tampa, FL 33604                  |
| × Remove                         |  |  |  |
| 5) Change Add                    | <u>T</u>                               | William Butler                               | 1625 Enon Court<br>Rock Hill, SC 29732                 |
| Remove                           |  |  |  |
| 6) Change Add                    | <u>s</u>                               | Tyler Reynolds                               | 126 The Helm<br>East Islip, NY 11730                   |
| Remove                           |  |  |  |
| <del></del>                      | ng additional Arti                     | cles, enter change(s) here:<br>(Be specific) |  |
|                                  |  |  |  |
|                                  |  |  |  |
|                                  |  |  |  |

| • •   |                       |                                       |                                       |                          |  |
|---|-----------------------|---------------------------------------|---------------------------------------|--------------------------|--|
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       | <del> </del>                          |                          |  |
|   |                       |                                       |                                       |                          |  |
| <del></del>                                   |                       | <del></del>                           |                                       | · · ·                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       | · · · · · · · · · · · · · · · · · · · |                          | <del></del>                            |
|   | <del>,</del>          |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       | <del></del>                           |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   | <del></del>           |                                       | <del></del>                           |                          |  |
|   |                       |                                       |                                       |                          | Pro-Ministra                           |
|   |                       |                                       |                                       |                          |  |
|   | • •                   | <del></del>                           | ···                                   | <u> </u>                 | <del> </del>                           |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       | <del></del>                           |                          | <del></del>                            |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   | <del></del>           | · · · · · · · · · · · · · · · · · · · | ···                                   |                          | <del></del>                            |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
|   |                       |                                       |                                       |                          |  |
| The date of each amendment(s)                 | ) adontion: N/A       |                                       |                                       |                          | , if other than the                    |
| date this document was signed.                |                       |                                       |                                       |                          | , 0,0 , ,                              |
| TOTAL AND | 01/01/2024            |                                       |                                       |                          |  |
| Effective date if applicable:                 | (no more the          | an 90 days after i                    | amendment file d                      | (ate)                    |  |
|   |                       |                                       |                                       |                          |  |
| Note: If the date inserted in this            | block does not meet t | he applicable stat                    | tutory filing requ                    | irements, this date will | not be listed as the                   |
| document's effective date on the              | Department of State's | 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.

| Dated     | December 8, 2023   |  |
|-----------|--|--|
| Signaturo | (By the chairman or vice chairman of the board, preside have not been selected, by an incorporator – if in the bother court appointed fiduciary by that fiduciary) |  |
|           | Keith Glovins  |  |
|           | (Typed or printed name of  |  |

(Title of person signing)