

N190000007295

(Requestor's Name)

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(Business Entity Name)

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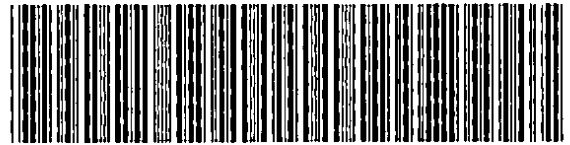
✓

Certificates of Status

✓

Special Instructions to Filing Officer:

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S TALLENT
APR 14 2020

2020 APR 14 PM 5:41

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FLORIDA DEPARTMENT OF STATE 03/27/20 15:11:20
Division of Corporations

March 27, 2020

RAESIELLE O. MANN
ROM CONFIDENTIAL INC.
12995 S. CLEVELAND AVE. SUITE 171
FORT MYERS, FL 33907

SUBJECT: ROM CONFIDENTIAL INC.
Ref. Number: N19000007295

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

PLEASE REVIEW THE PRINTOUT PROVIDED AND CORRECT THE OFFICER/DIRECTOR INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00006767

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ROM CONFIDENTIAL INC

DOCUMENT NUMBER: N19000007295

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAESIELLE O. MANN

(Name of Contact Person)

ROM CONFIDENTIAL INC

(Firm/ Company)

12995 S. CLEVELAND AVE. SUITE 171

(Address)

FORT MYERS, FLORIDA 33907

(City/ State and Zip Code)

ROM@ROMCONFIDENTIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAESIELLE O. MANN

512

975-0059

at

(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

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ROM CONFIDENTIAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000007295

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

OPERATION GLASS INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

12995 S. CLEVELAND AVE.
SUITE 171
FORT MYERS, FL 33907

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

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

- 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	^{RM} <u>P/CEO</u>	<u>RAESIELLE O. MANN JR.</u>	<u>9450 IVY BROOK RUN #603</u> <u>FORT MYERS, FL. 33913</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>DAVE KUNUK</u>	<u>1276 CALOOSA DRIVE</u> <u>FORT MYERS, FL. 33901</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	^{RM} PT <u>VT</u>	<u>NATALIE L. GROVES</u>	<u>9450 IVY BROOK RUN #603</u> <u>FORT MYERS, FL. 22913</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>EDWIN PHILLIPS</u>	<u>4440 NW. E. 30TH ST.</u> <u>NAPLES, FL. 34120</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MICHAEL FAUST</u>	<u>1857 SUNSET PLACE</u> <u>FORT MYERS, FL. 33901</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

Page 2 of 4

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NOTE: + Change to President/CEO RAESIELLE
- Remove ~~DAVID~~ KUNUK
+ Add Natalie L Groves (VT) Vice President/Treasurer
- Remove Edwin Phillips (T) Treasurer
+ Add Michael Faust (S) Secretary

The date of each amendment(s) adoption: 02/01/2020, if other than the date this document was signed.

Effective date if applicable: 02/01/2020
(no more than 90 days after amendment file date)

Note: 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 03/05/20 _____

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)

RAESIELLE O. MANN JR.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)