Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000435356 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BAND LAW GROUP, PL.

Account Number : I20090000020 Phone

: (941)917-0505

Fax Number

: (941)917-0506

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN CORESRQ, INC.

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 05 | |
| Estimated Charge | \$35.00 | |

NOV 3 0 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

(ludit # (((H21000435356 3)))

Articles of Amendment Articles of Incorporation of

| CORESRQ, INC. | | i i i i i i i i i i i i i i i i i i i |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| (Name of Corporation as currently filed with the F) | orida Dept. of State) | 7 |
| N19000008938 | | 182 NOV 29 |
| (Document | Number of Corporation (if known) | 3 |
| Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profi | to Corporation adopts the following |
| A. If amending name, enter the new name of the co | rporation: | · |
| name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name. | orporation" or "incorporated" or th | The new ne abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BEA STREET ADD | | · · · · · · · · · · · · · · · · · · · |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | XV | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered is | ed office address in Florida, enter: office address; | the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (F)urhita sen | iei address) |
| <u> </u> | | , Florida |
| | (City) | (Zip Cods) |
| New Registered Agent's Signature, if changing Resil I hereby accept the appointment as registered agent. | | lgations of the position. |
| | Signature of New Registered Ag | ent, if changing |

Qudit # (((4 21000435356 3)))

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 nevessary)

Please note the officer/director title by the first latter 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.Chunge X.Remove X.Add | <u>V</u> <u>Mik</u> | <u>a Doe</u> e <u>Iones</u> y Smith | |
|----------------------------------|----------------------|-------------------------------------------|---------------------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| Change Add | PT | MARC SCHAEFER | 1075 S. BUCLID AVENUE SARASOTA, FL 34237 |
| X Remove 2) Change Add | <u>D</u> | JAMES C. CAMPBELL | 1075 S. EUCLID AVENUE SARASOTA, FL 34237 |
| X Remove | SD | LUCIA BARRETT | 1075 S. EUCLID AVENUE SARASOTA, FL 34237 |
| Change Add | CD | LIBBY SODERBERG | 1075 S. EUCLID AVENUE SARASOTA, FL 34237 |
| Remove Change Add | TD_ | Laura Hoffman | 1075 S. EUCLID AVENUE SARASOTA, FL 34237 |
| Remove | <u>D</u> | JAMES PURDY | 1075 S. EUCLID AVENUE SARASOTA, FL 34237 |
| Remove | ding additional A | rticles, enter change(s) ligge: | |
| (estach additional si | heels, if necessary, |). (Be specific) | |
| | | | |
| | | | |

| | ck does not meet the applicab | after amendment file date) she statutory filing requirements, this date w | ill not be listed as the |
|-----------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| date this document was signed. Effective date <u>if applicable</u> : | | | <u> </u> |
| The date of each amendment(s) ad | laption: | | , if other than th |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Mark Committee C | |
| | | N. N. R. C. | |
| | | | |

Chudit # (((H21000435356 3)))

was/were sufficient for approval.

(in di+ # (((H21000 437356 3)))

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 24/

(By the charman or sice chairman of the board, president or other officer-if directors have not been selected, by an incosperator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LIBBY SODERBERG

(Typed or printed name of person signing)

CHAIRMAN OF THE BOARD

(Title of person signing)

HANSION OF CONFORATION