Division of Corporations Electronic Filing Cover Sheet

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(((H240001733943)))



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To:

Division of Corporations

Fax Number : (850)617-6380

NC & Amend

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

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

Email Address:\_\_\_\_

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN DESERVING CHANCE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	06
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A. RAMSEY

MAY 15 2024

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Corporate Filing Menu

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TO: Amendment Section

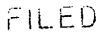
## **COYER LETTER**

Division of Corporations			
DESERVING CHAME OF CORPORATION:	HANCE CORP.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Chr	eyenne Moseley		
	(Name of Contact Person	n)	
Leg	alzoom.com, Inc.		
	(Firm/ Company)		
101 N. B	rand Blvd., 11th Floor	•	
	(Address)		
Gle	ndale, CA 91203		
	(City/ State and Zip Code	2)	
lisajoyford@yahoo.com			
E-mail address: (to be us	ed for luture annual report i	notification)	
For further information concerning this matter, plea	se call;		
Cheyenne Moseley	800 al (	773-0868 ext. 9724	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida Depa	ertment of State:	
	& ■\$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		Street Address Amendment Section	
Division of Corporations Division of Corporations		n of Corporations	
P.O. Box 6327 Tullahassee, Fl. 32314	Clifton	n or Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

To:

Articles of Amendment to Articles of Incorporation of



2024 MAY 14 AM 8: 30

	FINETARY OF S TALL SHANSEE, FL
rida Dept. of State)	TALL AHASSEE, FL
prporation (if known)	
s, this Florida Not For Profit Cor	poration adopts the follow
ion:	
	The .
tion" or "incorporated" or the abl	
1618 SE Mansfield St	
Port Saint Lucie, FL 34952	
1618 SE Mansfield St	
Port Saint Lucie, FL 34952	
e address in Florida, enter the n	ame of the
<del>-</del>	<u> </u>
(Florida street address)	_
, Florid	la (Zip Code)
	(Lip Code)
Agent: miliar with and accept the obligatis	ons of the position
Registered Agent, if changing	
	proporation (if known) es, this Florida Not For Profit Consider.  from or "incorporated" or the abbit 1618 SE Mansfield St  Port Saint Lucie, FL 34952  1618 SE Mansfield S:  Port Saint Lucie, FL 34952  re address in Florida, enter the naddress:  (Florida street address)  , Florida street address)

To:

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:

LegalZoom.com, Inc.

(Attach add:tional 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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PTSD	FORD, LISA JOY	1618 SE Mansfield St
Add			Port Saint Lucie, FL 34952
Remove			
2) X Change	D	FORD, XIANA	1618 SE Mansfield St
A dd			Port Saint Lucie, FL 34952
Remove	D	FORD, THOMAS	1618 SE Mansfield St
3) X Change		TORD, INDIMA	Port Saint Lucie, FL 34952
Add Remove			<u> </u>
4) Change			
Add			
5) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

t. <u>II amending or addin</u>	<u>g additional Arti</u>	cles, enter change(s) here:		
(attach additional sheet	ls, if necessary).	cles, enter change(s) here: (Be specific)		
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To:		

\* \* \* \* \* Page: 7 of 7

2024-05-14 06:48:57 PDT

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From: Michael Matheny

	e date of each amendment(s) adoption:	, if other than the
	e this document was signed	
Eff	ective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	_ <del>.</del>
Ade	option 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 5-2-2024	
	Signature Lisa Quy Ford	
	(By the chairman of 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)	
	Lisa Joy Ford	•
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	