Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206

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

Email	Address:				

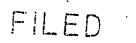
COR AMND/RESTATE/CORRECT OR O/D RESIGN **BOLDFACE INC.**

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Help

Articles of Amendment to Articles of Incorporation of



BOLDFace Inc.	2024 APR 16 AM 9: 44
(Name of Corporation as currently filed with the Florida Dept. of State)
N24000003309	TÄLLAHASSEE, FLORIDA
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florid</i> amendment(s) to its Articles of Incorporation:	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" or "inco "Company" or "Co," may not be used in the name.	The new orporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	······································
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent:	
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 an	d accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing

4/16/2024 09:57:35 PDT . . .

To: 18506176380

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Fex: 8134365206

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: X.Change X. Remove X. Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	DIR	HERRERA, LUIS	7901 4TH STREET N., SUITE 300 ST. PETERSBURG, FL 33702
X Remove			
2) Change Add		<u> </u>	
Remove Change Add Remove	 		
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
			·
		<u> </u>	

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VII.			
			
			
			
The date of each amondments	ndontion		if other than the
date this document was signed.	Raoption:		, it other than the
Effective date if applicable:		amendment file date)	
	(no more than 90 days after	amendment file date)	
Note: If the date inserted in this	block does not meet the applicable sta	tutory filing requirements, this date will	not be listed as the
i are done inserted in this	Department of State's records.	many mine requiremental min date will	co inited of the

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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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 04/16/2024
Signature Devin Caraja (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)
Devin Caraza
(Typed or printed name of person signing)
Director
(Title of person signing)

TALLAHASSEELFLORIDA