N24000011583

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10/3/25

TO: Amendment Section Division of Corporations

Project Compass Inc NAME OF CORPORATION:		_
N24000011583		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing	<u>?</u> .	
Please return all correspondence concerning this matter to the follow	ing:	
Stephanie Wysocki		
(Name of Cont	tact Person)	
Project Compass Inc		
(Firm/ Con	mpany)	
1018 Costa Mesa Ln		
(Addre	ess)	
Kissimmee Fl 34744		
(City/ State and	d Zip Code)	
swysocki@angelsconventionsexperts.com		
E-mail address: (to be used for future anni	ual report notification	n)
For further information concerning this matter, please call:		
Stephanie Wysocki	321	682-6043
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing	g Fee & S52.5	0 Filing Fee
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing	g Fee & 🗡 🗏 \$52.5	0 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

Certified Copy (Additional Copy is

Enclosed)

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Articles of Amendment to Articles of Incorporation of

Project Compass Inc			
Name of Corporation as currently filed with the Flori	ida Dept. of State)		
N24000011583			
(Document N	umber of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	or Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the corp	oration:		
		7	The new
name must be distinguishable and contain the word "corp."Company" or "Co." may not be used in the name.	ooration" or "incorporated	d" or the abbreviation "Corp," or	"Inc."
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
<u></u>			3.5.
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		, enter the name of the	١, د
Name of New Registered Agent:			
New Registered Office Address:	(F	lorida street address)	

	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	ered Agent:	•	
	Signature of New Regist	tered 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			2823
Remove			
5) Change Add			
Remove			<u></u>
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
The corporation operates	exclusively for c	haritable and educational purposes under Sect	ion 501(c)(3) of the Internal Revenue
Code, including providin	g job training, me	entorship, and networking to help individuals v	with criminal records successfully
re-enter the workforce and start a businesses. Activities include hosting expos, workshops, and community events to connect			
participants with employe	ers, resources, an	d supportive services. Partnering with other no	onprofit organizations, educational
institutions, and commun	nity leaders to fur	ther the mission.	

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00/12/2025	ω.
e date of each amendment(s) adoption: 08/12/2025 e this document was signed.	, if other than th
fective date if applicable:	
(no more than 90 days after amendment file date	<i>v)</i>
<u>ote:</u> If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	ements, this date will not be listed as 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.

(CHECK ONE)

Adoption of Amendment(s)

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	08/12/2025	
Signature	Stophanio Wysocki Lentur Wycoll	
	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)	
	Stephanic Wysocki	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)