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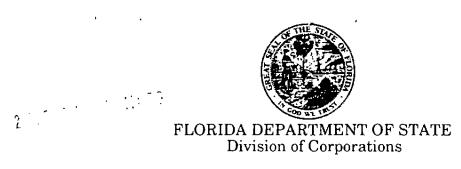
JAN 06 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company City/ State and Zip Code For further information concerning this matter, please call: 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303



December 7, 2020

ALFRED L. WEBB 111 SEABEARN CT. ORLANDO, FL 32824

SUBJECT: WEBBPRESENCE, INC.

Ref. Number: P01000021396

We have received your document for WEBBPRESENCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document is illegible and not acceptable for imaging.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00024467

Division of Company tions D.O. DOV 0997 Tallaharan Divide 99914



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2020

ALFRED L. WEBB 111 SEABEARN CT ORLANDO, FL 32824

SUBJECT: WEBBPRESENCE, INC.

Ref. Number: P01000021396

We have received your document for WEBBPRESENCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Letter Number: 520A00023359

Articles of Amendment

to

Articles	of	Incorpo	ration

to

WYSPLESE CE T	JC
(Name of Corporation as currently	filed with the Florida Dept. of State)
PO100002139V	2
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp"
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)	
	<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
	-
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Regi	istered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	, F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l)Change	cfo	MICHELLE MAN	Wills
X Add			III SOA BOARN C
Remove			Olivery The Sta
2) Change			
Add		•	
Remove 3) Change			
Add			
Remove	•		
4) Change			
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5) Change			
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6) Change			
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If amending or adding additional (Attach additional sheets, if necess	(Re specific)	(s) nere:			
(That is the month of the cost of the cost	eryr. (De specific)				
					
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If an amendment provides for an	exchange, reclassificat	ion, or cancellation o	f issued shares,		
provisions for implementing the	amendment if not cont	<u>tained in the amendn</u>	nent itself:		
(if not applicable, indicate N/	4)				
					
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The date of each amendment(s) adoption: _ date this document was signed.	17912	710/100	11/0000	_, if other than the
Effective date if applicable:	(no more than	90 days after amendmen	et file date)	
•	(, , , , ,	
Note: If the date inserted in this block does document's effective date on the Department of			equirements, this date will	not be listed as the
Adoption of Amendment(s) (C)	HECK ONE)			
The amendment(s) was/were adopted by the action was not required.	e incorporators, o	r board of directors with	out shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	endment(s) was/w	ere sufficient for approv	al	
by				
(vo	ting group)		_	
A 1.				
Dated Caroba (s	4,2020	<u> </u>		
a. (2 A	111	2		
Signature	eident or other off	icer – if directors or officer	core have not been	_
		he hands of a receiver, tr		
appointed fiduciar			,	
	ALPKIN) L WA	B	·
	(Typed or printed	I name of person signing)	
	PRÈ	SMENT		
	(Title of person s	igning)		