## P01000037447

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(Ad	dress)		
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(Cit	y/State/Zip/Phon	e #)	
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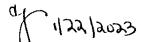




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## **COVER LETTER**

TO:-Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

THEO BAZA INC NAME OF CORPORATION: P 010000 3744 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person HAND & THEOBAD Firm Company City State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KARL THEOBARD at 407, 709-0387

Area Code & Daytime Telephone Number finclosed is a check for the following amount made payable to the Florida Department of State: 及 \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status cadditional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

FILED

2022 OCT 24 AM 11: 34 HAND & THEOROLD, INC.
(Name of Corporation as currently filed with the Florida Dept. of State) PO1000037447
(Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: HAND & THEOBALD INC If AND 2 THEOBAYD INC

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) N/A . Florida . (Zip Code) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. N/A
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
D Change			
Add			
Remove			/
2) Change			
Add		/	/
Remove 3.1 Change			
Add			
Remove			<del></del>
4) Change		/	
Add			
Remove			
5) Change		-/	
Add	/		<del></del>
Remove			
6) Change	/		
Add			
Remove			

<sup>\*</sup> Please vote the officer/director title by the first letter of the office title:

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)					
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. If an amendme	nt provides for an exch	ange, reclassificat	ion, or cancellati	on of issued shares,	
<u>provisions for</u> (if not app	implementing the amer licable, indicate N/A)	nament it not con	tained in the ame	nament itseit:	
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The date of each amendment(s) adoption: date this document was signed.	
•	10/13/2022 no more than 90 days after amendment file date)
Note: If the date inserted in this block does no document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s) (CH	CK ONE)
The amendment(s) was/were adopted by the action was not required.	corporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	areholders. The number of votes east for the amendment(s) proval.
	hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes east for the amer	nent(s) was/were sufficient for approval
by	<del></del>
(vot	group)
Dated	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court of that fiducions)
	Ped or printed name of person signing)
	WACING MEMBER VP  (tle of person signing)

\* \* \* \* \* \* \* \* \*