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C. BRUMBLEY
JAN 2 7 2022

### COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PERLET & SHINER, P.A. DOCUMENT NUMBER: P01000063762 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **HEIDI PERLET** Name of Contact Person PERLET & SHINER, P.A. Firm/ Company 515 NORTH FLAGLER DRIVE, SUITE 701 Address WEST PALM BEACH, FLORIDA 33401 City/ State and Zip Code HPERLET@PALMBEACHDEFENSE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANINE HERNANDEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee

Mailing Address

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

□\$43.75 Filing Fee &

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enclosed)

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

□\$52.50 Filing Fee

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## Articles of Amendment to Articles of Incorporation of

(Name	of Cornoration as curren	tly filed with the Florida Dept. of State)	
P01000063762	or corporation as curren	dy med with the Piorida Dept. of State)	
	(Document Number	of Corporation (if known)	
its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) t	
A. If amending name, enter the new n	ame of the corporation:		
	<u> </u>	The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "( "chartered," "professional association,	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address.	if applicable:	1801 CENTREPARK DRIVE EAST	
(Principal office address MUST BE A S	STREET ADDRESS )	SUITE 110	
		WEST PALM BEACH, FLORIDA 33401	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1801 CENTREPARK DRIVE EAST	
		SUITE 110	
		WEST PALM BEACH, FLORIDA 33401	
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office add w registered office addres	dress in Florida, enter the name of the	
Name of New Registered Agent			
	1801 CENTREPARK DR	IVE EAST, SUITE 110	
	(Florida si	reet address)	
New Registered Office Address:	WEST PALM BEACH	Florida 33401	
		(City) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.	
	Signature of New I	Registered Agent, if changing	
Check if applicable  The amendment(s) is/are being filed p	ursuant 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)

Add

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 = ChiefExecutive 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>V</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) N/A Change N/A N/A N/A N/A N/A Add N/A N/A Remove 2) N/A Change N/A N/A N/A N/A N/A `\_ Add N/A N/A Remove N/A N/A 3) N/A Change N/A N/A N/A AddN/A N/A Remove N/A N/A N/A N/A Change N/A N/A Add N/A N/A Remove 5) N/A Change N/A N/A N/A N/A N/A Add N/A N/A Remove N/A N/A N/A Change N/A

N/A

. If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)	<del></del>		
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If an amendment provides for an e	xchange, reclassifica	tion, or cancellation	of issued shares	
provisions for implementing the a	imenament it not con	tained in the amend	ment itself:	
(if not applicable, indicate N/A)	)			
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In a more than 90 days after amendment file date)  (no more than 90 days after amendment file date)  (no more than 90 days after amendment file date)  (no more than 90 days after amendment file date)  (no more than 90 days after amendment file date)		N/A	
ffective date if applicable:    N/A   (no more than 90 days after amendment file date)		ion:	, if other than t
Interest of the date interested in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  In the amendment(s) (CHECK ONE)  In the amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  In the amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  In the amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval by (voting group)  Dated  1231  Coving group)  Dated  1231  Coving group  Dated  1231  Coving group  The planetons have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Held Part  (Typed or printed name of person signing)	_		
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.    CHECK ONE	Effective date if applicable:		
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Dated  Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  (Typed or printed name of person signing)  Athrees  (Was/were sufficient for approval  (Typed or printed name of person signing)	■ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors w	ithout shareholder action and shareholder
"The number of votes cast for the amendment(s) was/were sufficient for approval  by			ist for the amendment(s)
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