P04000003939

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TO: Amendment Section Division of Corporations	ز		v
NAME OF CORPORATION: REM	MOVE IT PRO	S. INC	
DOCUMENT NUMBER: P040000		· -	
The enclosed Articles of Amendment	and fee are su	bmitted for filing.	
Please return all correspondence cond	erning this ma	itter to the following:	
LOGAN LOC	KWOOD		
		Name of Contact Person	n
REMOVE IT I	PRÓS, INC		
	_	Firm/ Company	
28381 RACET	RACK ROAE		
		Address	
BONITA SPR	INGS, FLORI		
		City/ State and Zip Cod	ť
LOGAN@RE	MOVEITPRO:	S.COM	
E-mail ad	dress: (to be u	sed for future annual report	notification)
For further information concerning th	is matter, plea	se call:	
LOGAN LOCKWOOD		at (239	de & Daytime Telephone Number
Name of Contact Pers	on	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Dep	artment of State;
<u> </u>	Filing Fee & ate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	ations	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

REMOVE IT PROS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P04000003939 (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: 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: (Muiling 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) New Registered Office Address: (City) (Zip Code) 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. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being tiled 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type ef Action (Check One)	<u>Title</u>		Name	Address
1) Change	AR	_	DAVID LOCKWOOD	27592 BIG BEND RD
X Add				BONITA SPRINGS, FL 34134
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	<u>_</u> _			
Add				
Remove				
δ) Change				
Add		-		
Remove				

	l sheets, if necessary). (Be specific)			
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_ _					
rovisions for it	t provides for an emmelementing the an exception of the anti-	mendment if not c	cation, or cancella ontained in the am	tion of issued shares, lendment itself;	
					·

late this document was signed. NOVEMBER 30, 2020	
NOVEMBER 30, 2020 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	temen)
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
DECEMBER 1, 2020	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
LOGAN T. LOCKWOOD	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	