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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H220002272043))



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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC
Account Number : I20210000107
Phone : (813)284-4727
Fax Number : (813)436-8460

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: jsampson@venerable.law

RECEIVED

2022 JUL -7 PM 12:09

STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATE OF FLORIDA
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2022 JUL -7 PM 3:48

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
EXPERT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

JUL 11 2022

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EXPERT, INC.

DOCUMENT NUMBER: P04000004816

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON SAMPSON

Name of Contact Person

VENERABLE CORPORATE AND TRUST SERVICES, LLC

Firm/ Company

301 WEST PLATT STREET, NO. 657

Address

TAMPA, FLORIDA 33606

City/ State and Zip Code

jsampson@venerable.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON SAMPSON at (813) 284-4727
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

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St. Paul District Court
Dallas County, Texas

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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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>COBB, DARIEN SHIRLEY</u>	<u>14520 McCormick Drive</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33626</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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F. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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June 30, 2022

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: June 30, 2022
(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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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.
- ☐ 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)

July 7, 2022
Dated _____

Signature Jason Sampson
(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)

Jason Sampson

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

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