P04000074917

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MOCK DEVELO	PMENT, INC				
	IBER: P04000074917					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Justin A MOCK					
		Name of Contact Person	1			
	MOCK DEVELOPMENT, INC					
		Firm/ Company				
	1135 STARKEY RD STE #13					
	Address					
	LARGO, FL 33771					
		City/ State and Zip Code	e			
			101			
	justin.m@mockdevelopment	CORT MOCK DEVE	notification) Jaha. Com			
For further informati	on concerning this matter, plea	se call:				
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check (for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address			Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				
Tallahassee, Ft. 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



MOCK DEVELOPMENT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P04000074917 (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: (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) New Registered Office Address: (City) 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 filed pursuant to s. 607.0120 (11) (e), F.S.

	s, if necessary).	(Be specific)			
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f an amendment provi	ides for an excha	inge, reclassificat	ion, or cancellatio	on of issued shar	es,
provisions for implem (if not applicable, i	enting the amen	dment if not cont	ained in the ame	ndment itself:	
(у пол арупешне,					
				<u> </u>	
			 ,		
		<u> </u>			

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> <u>John</u>	a Doc	
X Remove	<u>V</u> <u>Mik</u>	c Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Officer	Justen May	1135 Starkey Rd Suite #13
Add			Largo, FL 33771
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Signature	-25-2023	
	a director, president or other officer – if directors or officers have eted, by an incorporator – if in the hands of a receiver, trustee, or officers.	
	ointed fiduciary by that fiduciary)	And County
	Justin A Mock	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	