## P04000115058

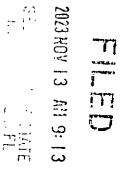
(Requestor's Name)  (Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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A. BUTLER - 5 2023

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MALCOM AND E	BAKER, CPA'S & ASSOC	IATES, INC.	
DOCUMENT NUM	BER: P04000115058			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARK S. BAKER			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n	
	MALCOM AND BAKER, CPA'S & ASSOCIATES, INC.			
	Firm/ Company			
	17339 SEA BLOSSOM WA	• •		
		Address		
	BOCA RATON, FL 33496-5	620		
		City/ State and Zip Cod	e	
	MSB5532@GMAIL.COM			
	-	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call: at (	、695-6890	
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made		•	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	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

FILED

to

MALCOM AND BAKER, CPAS & ASSOCIATES, INC.	2023 NOV 13 AM 9: 13
(Name of Corporation as currently	filed with the Florida Dept. of State)
P04000115058	S ATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
MALCOM AND BAKER, INC.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corn."
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:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable	

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

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(i) not applicable, material (inter-	

	November 3, 2023	
The date of each amendment date this document was signed		, if other than the
· ·	November 3, 2023	
Effective date <u>if applicable</u> :	(no more them 0)	2.7
	(no more than 90	days after amendment file date)
Note: If the date inserted in the document's effective date on the	his block does not meet the applic ne Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or b	poard of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The are sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders thro d for each voting group entitled to	ough voting groups. The following statement vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/wer	e sufficient for approval
by		
Oy	(voting group)	<del></del> ·
	nber 3, 2023	
DatedSignature	M/S Bely	CPA
(B	y a director, president or other offic	er – if directors or officers have not been
	pointed fiduciary by that fiduciary)	e hands of a receiver, trustee, or other court
	Mark S. Baker, CPA	
	(Typed or printed r	name of person signing)
	President	
	(Title of person sig	ning)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MALCOM AND F	BAKER, CPA'S & ASSOCI	ATES, INC.
	BER: P04000115058		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARK S. BAKER		
		Name of Contact Person	
	MALCOM AND BAKER, C	PA'S & ASSOCIATES, IN	C.
		Firm/ Company	
	17339 SEA BLOSSOM WA	Υ	
		Address	······································
	BOCA RATON, FL 33496-5	620	
		City/ State and Zip Code	
	MSB5532@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARK S. BAKER		at ( <sup>954</sup>	) 695-6890
Name of Contact Person		at (954 ) 695-6890  Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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 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