

P04 000 125 144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

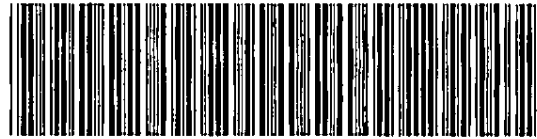
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
NOV 14 2022

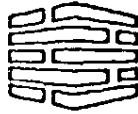
Office Use Only



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001 01/22 1-0100 1-000 \$35.00

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2022 AUG -1 PM 4:32  
SECRETARY OF STATE  
FALLS CHURCH, VA



**BRICK BUSINESS LAW, P.A.**  
**FLORIDA LITIGATION AND COUNSEL**

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Jocelyn C. Smith, Esq.  
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813-692-1982 (f)

Email:  
Danielle.Peynado  
@BrickBusinessLaw.com

July 26, 2022

**VIA PRIORITY MAIL:**  
**9405 5036 9930 0305 5541 53**  
Amendments Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: S.P. HAYES, INC - Po4000125144 - Change of  
Name Filing to TWELVE HANDS, INC.**

Dear Sir/Madam:

Please find enclosed a copy of the following documents in connection with the aforementioned:

- Cover Letter to Articles of Amendment;
- Articles of Amendment in connection with the change of Name of S.P. HAYES, INC to Twelve Hands, Inc.;
- Change in Directors and Officers;
- Check #564 in the amount of \$35.00.

We would be grateful if you could process the enclosed Change of Name and Change in Directors and Officers Requests. Should you have any questions or need anything else in the meantime, please contact me via email at [danielle.peynado@brickbusinesslaw.com](mailto:danielle.peynado@brickbusinesslaw.com) or by phone at 813-816-1816.

Sincerely,

Danielle Peynado  
Paralegal

Encls

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** S.P. HAYES, INC

**DOCUMENT NUMBER:** P04000125144

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

Please return all correspondence concerning this matter to the following:

DANIELLE PEYNADO  
Name of Contact Person  
BRICK BUSINESS LAW, P.A.  
Firm/ Company  
3413 W FLETCHER AVE  
Address  
TAMPA, FL 33618  
City/ State and Zip Code  
DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE PEYNADO at ( 813 ) 816-1816  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2022 AUG -1 PM 4:29  
SECRETARY  
TALLAHASSEE, FL

S.P. HAYES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000125144

(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:**

Twelve Hands, Inc.

*The new 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**)

1767 LAKEWOOD RANCH, BLVD., #266

BRADENTON, FL 34211

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

1767 LAKEWOOD RANCH BLVD., #266

BRADENTON, FL 34211

**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

BRICK BUSINESS LAW, P.A.

3413 W FLETCHER AVE

(Florida street address)

New Registered Office Address:

TAMPA

Florida 33618

(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 filed pursuant to s. 607.0120 (11) (e), F.S.

1) <input type="checkbox"/> Change	P	STEVEN HAYES	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	S/T	LAURIE HAYES	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	P	PAUL SHERMAN	1767 LAKEWOOD RANCH
<input checked="" type="checkbox"/> Add			BLVD., #266
<input type="checkbox"/> Remove			BRADENTON, FL 34211
4) <input type="checkbox"/> Change	S/T	CYNTHIA SHERMAN	1767 LAKEWOOD RANCH
<input checked="" type="checkbox"/> Add			BLVD., #266
<input type="checkbox"/> Remove			BRADENTON, FL 34211
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach *additional sheets, if necessary*). (Be specific)

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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 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)

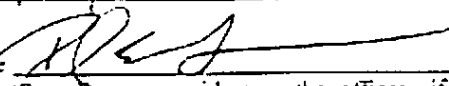
- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ 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)

Dated 7/22/2022

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)

PAUL SHERMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)