

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : SHERYL SECKEL HUNTER PA
Account Number : I20200000028
Phone : (813)867-2640
Fax Number : (813)867-2641

Amend

APR 20 2020
ALBRITTON

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NEXXA GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2020-04-17 11:17:35 GMT

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Electronic Filing
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEXXA GROUP, INC.

DOCUMENT NUMBER: P05000167248

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

Please return all correspondence concerning this matter to the following:

KATELYN J. DOUGHERTY

Name of Contact Person

HUNTER BUSINESS LAW

Firm/ Company

119 S. DAKOTA AVENUE

Address

TAMPA, FL 33606

City/ State and Zip Code

H.PAULUS@NEXXAGROUP.COM

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

For further information concerning this matter, please call:

KATELYN J. DOUGHERTY

at (813) 867-2640

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:



\$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

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>D,CEO</u>	<u>HOLLY PAULUS</u>	<u>12734 KENWOOD LANE</u>
<input type="checkbox"/> Add			<u>SUITE 87</u>
<input type="checkbox"/> Remove			<u>FORT MYERS, FL 33907</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>ASHLEY PAULUS</u>	<u>12734 KENWOOD LANE</u>
<input checked="" type="checkbox"/> Add			<u>SUITE 87</u>
<input type="checkbox"/> Remove			<u>FORT MYERS, FL 33907</u>
3) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>JAMES T. PAULUS</u>	<u>12734 KENWOOD LANE</u>
<input type="checkbox"/> Add			<u>SUITE 87</u>
<input type="checkbox"/> Remove			<u>FORT MYERS, FL 33907</u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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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)

APRIL 16, 2020
Dated _____

Signature Holly Paulus
(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)

HOLLY PAULUS

(Typed or printed name of person signing)

PRESIDENT AND CEO

(Title of person signing)

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