P06000079508

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	пе)
,	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J000 F	Nest .
	J. HOF	RNE
	SEP - 1	2022

Office Use Only



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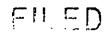


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: 1 NEED TO BEA	AD INC		
	IBER: P06000079508			
	s of Amendment and fee are st	abmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	PAUL FRANSON			
		Name of Contact Perso	n	
	LEDGERPLUS			
	Firm/ Company			
	150 SOUTH UNIVERSITY	DRIVE SUITE C		
	Address			
	PLANTATION, FLORIDA	33324		
		City/ State and Zip Cod	e	
	PFRANSON@LEDGERPLUSCPA.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
	on concerning this matter, pleas			
PAUL FRANSON		at (de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 cahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

Articles of Amendment to Articles of Incorporation of



I NEED TO BEAD INC

2022 JUN 13 AM 11: 09

(Name of Corners	
(:value of Corpora	ation as currently filed with the Florida Dept. of State)
06000079508	ation as currently filed with the Florida Dept. of State) SEUNETARY OF STALLAHASSEE, FIEL IALLAHASSEE, FIEL
(Doc	tument Number of Corporation (if known)
rsuant to the provisions of section 607,1006, Flor Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the	corporation:
IE CRANBERRY BOX INC	
	The new "corporation," "company," or "incorporated" or the abbreviation "Corp.," ac.," or "Co". A professional corporation name must contain the word breviation "P.A."
Enter new principal office address, if applicat	ble:
rincipal office address <u>MUST BE A STREET A</u> t	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address), Florida (City) (Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if ne	cessary). (ne spec	afic)		
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-				
	-1			
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<u> </u>				
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		· · · - · · · ·	******	
				
				
				_
If an amendment provides fo	or an exchange, rec	lassification, or canc	ellation of issued shar	es,
provisions for implementing	g the amendment if	not contained in the	amendment itself:	
(if not applicable, indica	ie ivza)			
· - -				

The date of each amendment(s date this document was signed.) adoption:	, if other than the
2		
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 requirements, the Department of State's records.	is 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 shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendnesufficient for approval.	nent(s)
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by	<u></u>	
·	(voting group)	
selec	131/22 Live Schoolidge director, president or other officer – if directors or officers have not be sted, by an incorporator – if in the hands of a receiver, trustee, or other	een court
appo	inted fiduciary by that fiduciary)	
	LISA J COOLIDGE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	