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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA INSPE	CTION TEAM, INC.			
DOCUMENT NUM	BER: P07000006303				
	of Amendment and fee are su	dunitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	ROBERT W. TRIBBLE				
	Name of Contact Person				
	FLORIDA INSPECTION TEAM, INC.				
	Firm/ Company				
	2430 US HWY 27, SUITE #330-354				
	Address				
	CLERMONT, FL 34714				
		City/ State and Zip Co	ode		
	BOB@FLORIDAINSPECTI	ONTEAM.COM			
	E-mail address; (to be us	sed for future annual repo	ort notification)		
For further informatic	on concerning this matter, plea	se call:			
ROBERT W. TRIBBLE		954 at () 605-6022		
Name of Contact Person		Area C	Pode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Fiting 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, F1, 32303			

Articles of Amendment to Articles of Incorporation of

FILED

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FLORIDA INSPECTION TEAM, INC.			2024 OCT -4 PM 4: 25
(Name (of Corporation as curren	itly filed with the Flori	da Dept. of State),
Р070000(6303			TALLAHASSEE, FLORIDA
	(Document Number	of Corporation (if know	n)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corpoi	ration adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
OMNIPRO DEVELOPMENT, CORP.			77.0
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc." or "Co".	A professional corpor	
R. Fatar and principal office address	if annlimble	N/A	
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A-S</u>			
C. Enter new mailing address, if appli	ioshke		
(Mailing address MAY BE A POST		N/A	
			
D. If amending the registered agent an	d/or registered office ad	dress in Florida, enter	the name of the
new registered agent and/or the nev			
Name of New Registered Agent	N/A		
	(Florida :	street address)	
	N/A	,	
New Registered Office Address:		(City)	, Florida
		,	(inj. chart)
New Registered Agent's Signature, if el	hanging Registered Ager	nt:	
I hereby accept the appointment as regist	ered agent. I am familiai	r with and accept the ob	ligations of the position.
	Signature of Vone	Registered Agent, if che	musina
	окупция с су меж	асқыстен ақет, у ст	nikut

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: XChange	<u>PT</u>	John Xve	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			<u> </u>
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an ex	change, reclassification, or cancell	ution of issued shares,	
provisions for implementing the ar (if not applicable, indicate N/A)	nenament it not contained in the a	menoment itseir:	
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The date of each amendment(s) date this document was signed.	adoption:	, if other this ថា
n	ATE SIGNED	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ist for the amendment(s) was/were sufficient for approval	
by N/A	<u> </u>	F I L
	(voting group)	8 7
9/30/202	4	; -
Dated	- Carlot	1
	11 71111	
Signature (By a	director, president or other officer – if directors or officers have not been	
selee	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	ر: 25
арро	inted fiduciary by that fiduciary)	> -
	ROBERT W. TRIBBLE	
	(Typed or printed name of person signing)	
	PDST	
	(Title of person signing)	