Fax: +18139325244

To: DIV OF CORPS - INC

Fax: +18506176380

Division of Corporations

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Florida Department of State

Dission of Corporations tropic Filing Ower She

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CLARK AIR SERVICES, INC

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COVER LETTER

TO:	: Amendment Section					
	Division of Corporations					

NAME OF CORPORA	ATION:C	LARK AIR	SERVIC	ES, INC		
DOCUMENT NUMBI	ER:	P07000078988				
The enclosed Articles o	f Amendment and fee are su	ibmitted for fil	ing.			
Please return all corresp	oondence concerning this ma	itter to the follo	owing:			
		JANINE	MITCHEL	L		
-	Name of Contact Person					
CONTRACTORS REPORTING SERVICE, INC						
_		Firm/	Company			
	13	3795 N Ne	braska	Ave		
Address						
		Tampa,	FL 3361	3		
City/ State and Zip Code						
_	E-mail address: (to be u	activater				
	L man address (15 % a					
For further information	concerning this matter, plea	se call:				
JAN	813-932-5244					
Name of		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the	Florida Dep	artment of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 F Certified (Additional enclosed)	Copy d copy is	☐ \$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			Amend Division The C 2415 i	Address Innent Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Page: 3 of 6

From: Janine Mitchell Fax: +18139325244 To: DIV OF CORP Docusign Envelope ID: 115E3212-A5E3-4285-B32F-27D7D82FE74D To: DIV OF CORPS - INC

Articles of Amendment Articles of Incorporation

07000078988	ntly filed with the Florida Dept. of State)			
· · · · · · · · · · · · · · · · · · ·	of Corporation (if known)			
(Document Paintoer	of Corporation (If known)			
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is <i>Florida Profit Corporation</i> adopts the fol	llowing	amen	dmer
. If amending name, enter the new name of the corporation:				
BR SOLUTIONS, INC.			The	new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc." or "Co". chartered," "professional association," or the abbreviation "P.A	A professional corporation name must of	eviation	"Cor	p.,"
Enter new principal office address, if applicable:	**************************************		N)	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		<u>-</u>	U1 (
		,	29	;
Enter new mailing address, if applicable:				; 7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			(J)	— `
			<u> </u>	_
		>-		
. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the			
new registered agent and/or the new registered office addre	<u>'88:</u>			
Name of New Registered Agent				
(Florida s	street address)			
New Registered Office Address:	, Florida			
New Registered Office Address.	(City)	(Zip Co		

Check if applicable

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

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Fax: +18506176380

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= Secretory; 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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Adđ			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

From: Janipe M *Docusign Env		18139325244 2-A5E3-4285-B32	To: DIV OF CORPS - INC 2F-27D7D82FE74D	Fax: +18506176380	Page: 6 of 6	01/29/2025 2:37 PM
	te of each amen s document was		tion:		<u></u> .	, if other than the
Effecti	ve date <u>if applic</u>	able:				
			(no more than 9	0 days after amendment fil	e date)	
			does not meet the application of State's records.	cable statutory filing requi	rements, this date w	fill not be listed as the
Adopti	on of Amendme	nt(s)	(<u>CHECK ONE</u>)			
	amendment(s) won was not requir		d by the incorporators, or l	poard of directors without	shareholder action a	nd sharcholder
			t by the shareholders. The ient for approval.	number of votes cast for	the amendment(s)	
				ough voting groups. The fivote separately on the ame		
	"The number o	f votes east for t	the amendment(s) was/we	re sufficient for approval		
	by		(voting group)	·		
			(voting group)			
	Dated	01/21/202	Signed by:			
	Signat	ture	SHAMMON L Ci			
		selected, by		c hands of a receiver, trust		
		SH	ANNON L CLARK			
			(Typed or printed	name of person signing)		
		VB				

(Title of person signing)

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