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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ICC Norfolk Flex	coffice 22, Inc	
DOCUMENT NUN	1BER: P08000093241		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Tina Spano		
		Name of Contact Persor	1
	Adler RA LLC		
		Firm/ Company	
	9050 Pines Blvd, Ste 301		
	_	Address	
	Pembroke Pines, FL 33024		
		City/ State and Zip Code	e
	tspano@adlergroup.com		
		sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Tina Spano		at (305	392-4065
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of		
ICC Norfolk Flexxoffice 22, Inc			
(Name of Corporation as curren	ntly filed with the Florida Dept. of S	State)	
P08000093241			
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts	the following amend	dment(s) to
A. If amending name, enter the new name of the corporation:			
name 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.2	A professional corporation name		p., "
B. Enter new principal office address, if applicable:	9050 Pines Blvd, Ste 301		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Pembroke Pines, FL 33024		
		2021 O	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9050 Pines Blvd, Ste 301	CT 15	
	Pembroke Pines, FL 33024	(/ - A	
		<u></u> 99 	_
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office addresses.		the on	8
Name of New Registered Agent			
(Florida	street address)		
New Registered Office Address:	, Flo	rida	
	(City)	(Zip Code)	_
N. D			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		he 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.

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.

Comment.	, una sa	in Smart, we as an reace.		
Example: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
<u>X</u> Add	\underline{SV}	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	l,	Michael M Adler	9050 Pines Blvd, Ste 301	
Add			Pembroke Pines, FL 33024	
X Remove				
2) X Change	P	David Adler	9050 Pines Blvd, Ste 301	
Add			Pembroke Pines, FL 33024	
Remove 3 1 X Change	VP	Tina Spano	9050 Pines Blvd, Ste 301	
Add			Pembroke Pines, FL 33024	
Remove				
4) Change	S	Sara Adler	9050 Pines Blvd, Ste 301	
X Add			Pembroke Pines, FL 33024	
Remove				
5) Change	T	Karen Adler	9050 Pines Blvd, Ste 101	
X Add			Pembroke Pines, FL 33024	
Remove				
6) Change				
Add				
Remove				

	cles, enter change(s) here: (Be specific)	
· • • • • • • • • • • • • • • • • • • •		
		
		·
		 -
		
I an amendment provides for an excr provisions for implementing the ame	ange, reclassification, or cancellation of issued shandment if not contained in the amendment itself:	ares,
	Total Control of the	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	older action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amo sufficient for approval.	endment(s)
	pproved by the shareholders through voting groups. The followin or each voting group entitled to vote separately on the amendmen	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy		
	(voting group)	
10/7/2021 Dated		
Signature 1/1	2 M Spars	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary)	
	Tina Spano	
	(Typed or printed name of person signing)	<u>. </u>
	Vice President	
	(Title of person signing)	