P090000031072

| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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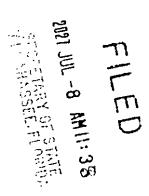
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JUL 2 2 2021 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: Winter Park Tees I | nc | | | | |
|--|--|--|--|--|--|--|
| DOCUMENT NUM | 00000001000 | | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | | |
| | David McCarron | | | | | |
| | Name of Contact Person | | | | | |
| | McCarron Accounting & Consulting CPA's | | | | | |
| | Firm/ Company | | | | | |
| | 628 Ellen Dr. | | | | | |
| | Address | | | | | |
| | Winter Park, FL 32789 | | | | | |
| | City/ State and Zip Code | | | | | |
| | David@McCarronCPA.com | | | | | |
| | 1.2 | sed for future annual report | notification) | | | |
| | 15-man address. Viv be d. | sed ith faithe annual report | In all to the second se | | | |
| For further informati | on concerning this matter, pleas | se call: | | | | |
| David McCarron | | 407 at (| 897-7050 | | | |
| Name of Contact Person | | | de & Daytime Telephone Number | | | |
| Enclosed is a check | or the following amount made | payable to the Florida Dep | artment of State: | | | |
| \$35 Filing Fee | , 13.75 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



June 17, 2021

DAVID MCCARRON 628 ELLEN DR WINTER PARK, FL 32789

SUBJECT: WINTER PARK TEE'S INC.

Ref. Number: P09000031072

We have received your document for WINTER PARK TEE'S INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 921A00013660

RECEIVED

Articles of Amendment to Articles of Incorporation of

FILED
2027 JUL-8 AMII: 38

Winter Park Tees Inc. (Name of Corporation as currently filed with the Florida P09000031072 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) t its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Parker IG Inc. name must be distinguishable and contain the word Corporation, [] Ecompany, [] or Cincorporated [] or the abbreviation [Corp., [] Elnc., □ or Co., □ or the designation □Corp. □ Elnc. □ or □Cot□ A professional corporation name must contain the word *Cchartered,* □ *Cprofessional association,* □ *or the abbreviation* ℂ*P.A.* □ 6425 Bay Shore Dr B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Saint Cloud, FL 34771 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 6425 Bay Shore Dr (Florida street address) Saint Cloud New Registered Office Address: (City) New Registered Agents Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| 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 | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ticles, enter change(s) here: (Be specific) |
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| If an amendment provides for an exc | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| | |
| (if not applicable, indicate N/A) | |

| April 15, 2021 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 document is effective date on the Department of State is records. | not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required. | shareholder |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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) | |
| Dated Amoula Signature 1/16/21 | _ |
| (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) | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| Managing Member PTSD | |
| (Title of person signing) | |

as the