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## COVER LETTER

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	IMPACT -	READY, INC.	
DOCUMENT NUMBER:	P100000170	037	
The enclosed Articles of Amenda	ment and fee are su	ibmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
	ANDREW M	CCURDY	
	IMPACT - R	Name of Contact Person	n
		Firm/ Company	
	8941 QUALI	• •	
		Address	
	BONITA SP	RINGS, FL 34135	
_ <del></del>		City/ State and Zip Cod	e
	andym@imp	pact-readyinc.com	
E-ma	il address: (to be u	sed for future annual report	notification)
For further information concerning	ng this matter, plea	se call:	
ANDREW MCCUR	DY	at ( 239	947-9296
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & tificate 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## IMPACT - READY, INC.

(Name of	Corporation as currently fi	led with the Florid	la Dept. of State)	
	P10000017037			
	(Document Number of Co	orporation (if known	1)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Flo</i>	rida Profit Corpora	ation adopts the following	ing amendment(s) t
A. If amending name, enter the new nam	e of the corporation:			
				The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	ion "Corp," "Inc," or "Co	". A professional c	incorporated" or the corporation name mus	abbreviation t contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR				
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>			SECRITATE CONTACT CONT	17 ADG 21 F
D. If amending the registered agent and/ new registered agent and/or the new t		in Florida, enter t	the name of the	÷ 25
Name of New Registered Agent _	ANDREW MCCU	RDY		
	8941 QUALITY R	OAD, BONITA	SPRINGS, FL 34	135
_	(Florida street	address)		_
New Registered Office Address:			, Florida	<del></del>
	(Cit	(y)	(Zi <sub>l</sub>	o Code)
New Registered Office Address:  New Registered Agent's Signature, if cha I hereby accept the appointment as registered	(Florida street of Cite) (Cite) nging Registered Agent:	address) (y)	Florida(Ziq	o Code)

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	<u>PT</u>	John Doe			
X Remove	<u>Y</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	ST	JESSICA L. STEWMON	5361 STALEY ROAD		
Add			FORT MYERS, FL 33905		
X Remove					
2) Change					
Add					
Remove	0.7	ANDOFWAGOURDY			
3) Change	ST	ANDREW MCCURDY	8941 QUALITY ROAD		
X Add			BONITA SPRINGS, FL 34135		
Remove					
4) Change					
Add			<del></del>		
Remove					
5) Change					
Add					
Remove					
6) Change	<del></del>				
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
. <u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the angel of t
(if not applicable, indicate N/A)	

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)	
(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 w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/14/2017 Signature And Man	
Signature and Man	
(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)	
ANDREW MCCURDY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	