P10000092004

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A. Butter

COVER LETTER

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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

2421 AUG - 4 AM 10: 43 NAME OF CORPORATION: Urban Art Group DOCUMENT NUMBER: P10000092004 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa Powers Name of Contact Person Urban Art Group Firm/ Company 41 Skyline Drive, Suite 1041 Address Lake Mary, FL. 32746 City/ State and Zip Code teddi@urbanartcompany.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 878-2733

Area Code & Daytime Telephone Number Theresa Powers Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: 35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Urban Art Group (Name of Corporation as currently filed with the Florida Dept A of S (ale) PH 3: 43 P10000092004 (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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 (Florida street address) New Registered Office Address: , Florida New Registered Agent's 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

_ Add

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>V</u> Mike Jones <u>X</u> Add \underline{SV} Sally Smith Type of Action <u>Title</u> <u>Addres</u>s <u>Name</u> (Check One) VР Joshua Altenbach 1734 Majestic Oak i) ____ Change X _Add Apopka, FL. 32714 ____ Remove Patricia Krieger 5720 Wella Ct 2) ____ Change Sanford, FL. 32771 __ Add Remove Change ____ Add __ Remove 4) ____ Change ____ Add _ Remove 5) ____ Change ___ Add __ Remove 6) _____ Change

	heets, if necessary). (Be spe	cific)		
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	provides for an exchange, rec	classification, or cancella	tion of issued shares,	
f an amendment	plementing the amendment i	i not contained in the am	enument itsell:	
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The date of each amendment	August 1, 2021 (s) adoption:	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	August 2, 2021	
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in document's effective date on t	nis block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors w	rithout shareholder action and shareholder
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes c re sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups of for each voting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
Dated Signature B	a director, president or other officer – if directors or ected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary) Theresa Powers	officers have not been r, trustee, or other court
	(Typed or printed name of person sign	ing)
	President	····e/
	(Title of person signing)	
	(TILL OF DELSOIL SIGNING)	



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2551 AUG 30 PM 2: 42

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2021

THERESA POWERS URBAN ART GROUP 41 SKYLINE DRIVE SUITE 1041 LAKE MARY, FL 32746 US

SUBJECT: URBAN ART GROUP INC.

Ref. Number: P10000092004

We have received your document for URBAN ART GROUP INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 521A00019809