## P110000 25842

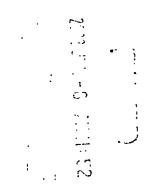
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	RATION: Work Place Trainin	g Solutions Inc.		_	
DOCUMENT NUM	IBER: P11000025842			_	
	s of Amendment and fee are sub	omitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Belinda E. Bruster, Ph.D., LC	sw			
		Name of Contact Persor	)		
	Work Place Training Solution	ıs			
		Firm/ Company			
	11055 Sparkleberry Drive		_		
		Address			
	Fort Myers, Florida, 33913				
		City/ State and Zip Code	2		
	wptsolutions@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Belinda E. Bruster, l	Ph.D. LCSW	at ( <sup>757</sup>	237-5191	, . 	
Name of Contact Person		Area Co	de & Daytime Telephone N	lumber	C "
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		1 (2)
\$35 Filing Fee	□\$43.75 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)		ر المورد المراقب المورد المراقب المورد المراقب
	ailing Address		Address Iment Section		
	mendment Section vision of Corporations		on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Work Place Training Solutions Inc

Work Place Fraining Solutions inc	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
\	ly filed with the Florida Dept. of State)	
P11000025842		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:		
Directionality Inc.	The new	
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.A.	A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	11055 Sparkleberry Drive	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33913	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11055 Sparkleberry Drive	
	Fort Myers, FL 33913	
	, ,	
D. If amending the registered agent and/or registered office adenese registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:	
Name of New Registered Agent		)
		مد
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: - 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.	

President, Treasurer, Dire Changes should be noted	ector wot in the fol ves the co	uld be PTD. llowing manner. Currently John Doe is listed as t orporation, Sally Smith is named the V and S. The	than one title, list the first letter of each office held. the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
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		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

	onal Articles, enter cessary). (Be spec	ijic)		
NA				
				<del></del>
		<u>,</u>		
			,	
				_
	o- on ovehenge rec	lassification, or cand	ellation of issued sh	ares,
If an amendment provides f	or an exchange, let		amondment itself.	
nrovisions for implementing	ig the amendm <u>ent i</u>	f not contained in the	e amendment usen.	
(if not applicable, indica	ig the amendm <u>ent i</u>	f not contained in the	e amendment usen.	
(if not applicable, indica	ig the amendm <u>ent i</u>	f not contained in th	e amendment users.	
If an amendment provides for implementing (if not applicable, indicated)	ig the amendm <u>ent i</u>	f not contained in th	e amendment tisett.	
(if not applicable, indica	ig the amendm <u>ent i</u>	f not contained in the	e antendiment riseri.	
(if not applicable, indica	ig the amendm <u>ent i</u>	f not contained in th	e amendment tisett.	
(if not applicable, indicate	ig the amendm <u>ent i</u>	f not contained in th	e amendment tisett.	
(if not applicable, indicate	ig the amendm <u>ent i</u>	f not contained in th	e antendiment riseri.	
(if not applicable, indicate	ig the amendm <u>ent i</u>	f not contained in th	e amendment tiself.	
(if not applicable, indicate	ig the amendm <u>ent i</u>	f not contained in th	e amendment user.	

	option:	, if other than th
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 bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
July 4, 2022		
Signature(By a disselected		, rcfn
	Belinda E. Bruster, Ph.d., LCSW	
	(Typed or printed name of person signing)	
	Owner y di ruch y (Title of person signing)	
	(Title of person signing)	