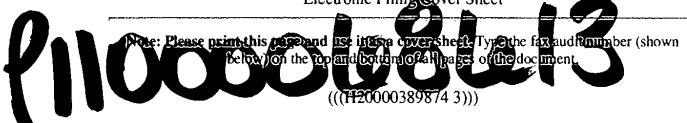
## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet





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To:

Division of Corporations

Fax Number : (850)617-6380

From:

C ö Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN US SWEEPSTAKES - SOUTH, INC.

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November 9, 2020

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

US SWEEPSTAKES - SOUTH, INC. 340 HORSE CREEK DR. # 304 NAPLES, FL 34110

SUBJECT: US SWEEPSTAKES - SOUTH, INC.

REF: P11000068613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Document number on page 2 is incorrect number

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000385665 Letter Number: 920A00022394

## Articles of Amendment to Articles of Incorporation of

US SWEEPSTAK	ES - SOUTH, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept, of Stat	<u>(e)</u>	
P11000068613			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment	(s) to
A. If amending name, enter the new name of the corporation:			
LAUGHTON ASSOCIATES, 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 mu	bbreviation "Corp.,"	
B. Enter new principal office address, if applicable:	9025 ISLA BELLA CIRCLE		
Principal office address MUST BE A STREET ADDRESS )	BONITA SPRINGS, FL 34135	2020 NOV	
		. · · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9025 ISLA BELLA CIRCLE	:+; <b>○</b>	
	BONITA SPRINGS, FL 34135	ب ب	J
	**************************************	22	
D. If amending the registered agent and/or registered office ad		2	
new registered agent and/or the new registered office addre	<u>\$5:</u>		
Name of New Registered Agent N/A		<u></u>	
(Florida s	street address)		
New Registered Office Address:	, Florida	1	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		existion.	
Signature of Man	Registered Agent, if changing	<del></del>	
Signuture of New	кедысетси муст, у спинуту		
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (c), 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)

\_\_ Remove

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	PT	John Doe	
X Remove	Y	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			203
2) Change	*		2020 NOY
Add			7
Remove 3) Change			A [7]
Add			9. 28
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,			
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:			
,				
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	·			

NOVEMBER 4, 2020			
The date of each amendment(s) adoption:	, i	if other th	an the
date this document was signed.			
Effective date if applicable:			
(no more than 90 days after umendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not	be listed	as the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	ı and shar	reholder	
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.	l		
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):	H .	2020 NOY 10	S. Barrie
"The number of votes cast for the amendment(s) was/were sufficient for approval		A0	******
(voting group)	,	0	1
Dated 11/4/20/ Signature August Josephon		AM 9: 28	
(By a director, president or other officer – if directors or officers have not been	<del></del>		
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
BARBARA LAUGHTON			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			