P110000090835

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AKEA Design, Inc. DOCUMENT NUMBER: P11000090835 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Terrye Hensley Name of Contact Person AKEA, Inc. Firm/ Company 3603 NW 98th Street, Suite B Address Gainesville, FL. 32606 City/ State and Zip Code thensley@akeainc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352 Area Code & Daytime Telephone Number Terrye Hensley Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **S43.75** Filing Fee & ☐\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

(Additional copy is

enclosed)

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

Certified Copy

is enclosed)

(Additional Copy

Articles of Amendment to Articles of Incorporation of

AKEA Design, Inc.	
(Name of Corporat	on as currently filed with the Florida Dept. of State)
P11000090835	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	rporation:
	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	orporation," "company," or "incorporated" or the abbreviation "Corp" " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>×</u>
	55 55 55 55 55 55 55 55 55 55 55 55 55
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Eith come)

Signature of New Registered Agent, if changing

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	VP	Randall A. Hensley	8624 SW 4th Place
Add			Gainesville, FL 32607
X Remove			* * * * * * * * * * * * * * * * * * * *
2) Change	VP	Michael D. Tootle	11343 NW 31st Road
X Add			Gainesville, FL 32606
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(Salara Marian Gradulty) Nocessan yy,	(be specific)
<u> </u>	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. If an amendment provides for an exch:	ange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y noi applicable, maicale N/A)	

•

The date of each amendment(s)	October 2, 2020 adoption:	, if other than the
date this document was signed.		
	october 2, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	,	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	. "	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
11/11/ Dated Signature	AX Him	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Anthony J. Kwan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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