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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: RAGAIN FINANC	CIAL INC	
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	CHRISTOPHER RAGAIN		
		Name of Contact Person	1
	RAGAIN FINANCIAL INC		
		Firm/ Company	
	3408 ATLANTIC CIR		
		Address	
	NAPLES FL 34119		
		City/ State and Zip Cod	e
	CHRIS.RAGAIN@HALON	TAX.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
CHRISTOPHER RA	GAIN	at (239	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "C" lnc.," or Co.," or the designation "Corp," "lnc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  BONITA SPRINGS FL 34134  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  SUITE 312  BONITA SPRINGS FL 34134  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:  N/A	(Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  (Document Number of Corporation  (Document Numb		C	)1	174
Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the tollowing 3rd its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  SENTINEL WEALTH INC  name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Cinc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  BONITA SPRINGS FL 34134  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  BONITA SPRINGS FL 34134  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:  NA	(Document Number of Corporation (if known)  SCORE AND CF S  Parassuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the habitus Solety is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  SENTINEL WEALTH INC  Inc., " or "Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must comain the word "corporation" "P.A."  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  SUITE 312  BONITA SPRINGS FL 34134  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  N/A  Florida Street address  N/A  Florida Froida Profit Corporation (if known)  SCORE AND SUITE 312  BONITA SPRINGS FL 34134  3301 BONITA BEACH RD  SUITE 312  BONITA SPRINGS FL 34134  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:  N/A  Florida Street address  N/A  Florida Froida Profit Corporation (if known)  SCORE Address:  N/A  Florida Froida Street address  Florida  Florida	RAGAIN FINANCIAL INC			File
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		<u>New Registered Office Address</u> .		(City)	_· · · · · · · · · · · · · · · · · · ·
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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	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)

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.

<u>PT</u>	John Do	<u>oe</u>	
<u>V</u>	Mike Jo	<u>nes</u>	
<u>sv</u>	Sally Sr	<u>nith</u>	
<u>Title</u>		<u>Name</u>	<u>Addres</u> s
N/A		N/A	N/A
	_		
	_		
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jo SV Sally Sr Title	V     Mike Jones       SV     Sally Smith       Title     Name

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)  N/A	(Attach additional sheets, if necessary).	(Be specific)				
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(if not applicable, indicate N/A)	If an amendment provides for an excha	inge, reclassifica	tion, or cancellati	on of issued shar	res,	
	tif not applicable indicate N(A)	dment if not cor	itained in the ame	endment itseii:		
	8/A					
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99 h. f. t	N/A	, if other than the
The date of each amendme date this document was sign		, if other than to
date tills document was o.g	N/A	
Effective date if applicable	(no more than 90 days after amendment file date)	
	(no more man 90 days tiper amenament fue dates	
Note: If the date inserted i document's effective date or	this block does not meet the applicable statutory filing requirements the Department of State's records.	, this date will not be listed as t
Adoption of Amendment(s	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/v action was not required.	ere adopted by the incorporators, or board of directors without sharehol	der action and shareholder
	ere adopted by the shareholders. The number of votes cast for the ame were sufficient for approval.	ndment(s)
☐ The amendment(s) was/v must be separately prove	vere approved by the shareholders through voting groups. The following ded for each voting group entitled to vote separately on the amendment	; statement (s):
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	8.26.24	
Signature	- juight	
	(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	her court
	CHRISTOPHER G. RAGAIN	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	

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