P13000012202

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bridge Professiona	ls. Inc.			
DOCUMENT NUMI	BER: P13000012202				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Jason Feldman				
	· · · · · ·	Name of Contact Person			
	Bridge Professionals, Inc.				
		Firm/ Company			
	2221 Camino Del Rio S Ste 201				
		Address	· · · · · · · · · · · · · · · · · · ·		
San Diego, CA 92108					
		City/ State and Zip Code	<u> </u>		
	jfeld22@gmail.com				
		sed for future annual report	notification)	골였	قت: حور
	12 man address, (10 be at		,	59	2023 APR -5
For further informatic	on concerning this matter, pleas	se call:		表記	
Jason Feldman		at (217	840-6302	ECRETART OF STATI TALLAHASSEE, FL 	AM 8: 11
Name	of Contact Person		de & Daytime Telephone Number	- 무칭	_
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	щ	
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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

Bridge Professionals, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P13000012202 (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) TALLAHASSEE, 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) , Florida New Registered Office Address: (City) 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)

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 De	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	
I) Change		_			
Add					
Remove					
2) Change					
Add					
Remove 3) Remove					
Add					
Remove					
4) Change					
Add				SECRETALLAMA	3 3 9 2
Remove				REIA:	7
5) Change				HAX:	
Add				AH 8	7
Remove				S.LALE	302.25
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
04/01/2	023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	file date)
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors withou	t shareholder action and shareholder
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for ient for approval.	r the amendment(s)
	red by the shareholders through voting groups. The hyoting group entitled to vote separately on the an	·
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated		
Signature		
Signature	tor, president or other officer - if directors or office	ers have not been
selected, b	y an incorporator - if in the hands of a receiver, tru	
appointed	fiduciary by that fiduciary)	
Jas	on Feldman	
_	(Typed or printed name of person signing)	
Pro	esident	
_	(Title of person signing)	

FILED

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SECRETARY OF STATE TALLAHASSEE, FL