

12/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000431669 3)))



H200004316693ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : SALMON LEGAL GROUP, P.L.
Account Number : I20180000045
Phone : (786)508-2020
Fax Number : (786)209-3030

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

Email Address: FILINGS@SALMONLEGAL.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
WAYFINDER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

(((H20000431669 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WAYFINDER, INC.DOCUMENT NUMBER: P13000056702The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID H. SALMON, ESQ

Name of Contact Person

SALMON LEGAL GROUP, P.L.

Firm/ Company

1395 BRICKELL AVENUE, #800

Address

MIAMI, FL 33131

City/ State and Zip Code

FILINGS@SALMONLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID H. SALMON

Name of Contact Person

at (786)508-2020

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)**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

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

(((H20000431669 3)))

Articles of Amendment
to
Articles of Incorporation
of

WAYFINDER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000056702

(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:

The new 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)

7300 BISCAYNE BLVD, SUITE 200

MIAMI, FL 33138

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 CHINMOY RAVAL

7300 BISCAYNE BLVD, SUITE 200

(Florida street address)

New Registered Office Address: MIAMI, Florida 33138

(City)

(Zip Code)

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.

DocuSigned by:

Chinmoy Raval

EAC0068E094C7

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.

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

((H20000431669 3)))

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	COO	ALICE MENSCH	6815 BISCAYNE BLVD. SUITE 103-346 MIAMI, FL 33138
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

((H20000431669 3)))

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

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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/A)

[illegible]

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

(((H20000431669 3)))

The date of each amendment(s) adoption: _____, if other than the 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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.
- ☐ 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):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

DECEMBER 17, 2020

Dated _____

Signature _____
DocuSigned by:

Chinmoey Raval

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CHINMOY RAVAL

(Typed or printed name of person signing)

CEO

(Title of person signing)