P14000007675

(Re	equestor's Name)	
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☐ SICK-NS	WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AC Price	iting & Rubbe	y Stamplne		
DOCUMENT NUMBER: P140000	07675			
The enclosed Articles of Amendment and fee are	submitted for filling.			
Please return all correspondence concerning this it	natter to the following:			
<u>Sandi</u> L	-EVESQUE Name of Contact Person	n		
115 NE	Firm/ Company UM BIVA			
	On FL 3269 City/ State and Zip Cod			
	Drinter@ama			
For further information concerning this matter, ple	rase call:			
Sandi Levesque	at (352	, 528-0845		
Name of Contact Person	Area Co	de & Daytime Telephone Sumber		
Enclosed is a check for the following amount mad	e payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$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	•	Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

A. I.K.	of	
A/C Printing + Rubber	Stamp Inc	
Name of Corporation as cu	rrently filed with the F	lorida Dept. of State)
Y14000001615		
(Document Nun	nher of Corporation (if k	(ngwn)
Pursuant to the provisions of section 607.1006, Florida Statutes ts Articles of Incorporation:	s, this <i>Florida Profit Co</i> r	rporation adopts the following amendmen
State Sea & Certificate Commence of the corporation of the Sea & Certificate Commence of the corporation of the distinguishable and contain the word "corporation of the Corp." or the designation "Corp." "Inc." or "Corporation" or the abbreviation of the abbreviation of the abbreviation of the corporation of the abbreviation of the corporation o	on," "company," or "inc	Dunty he The new corporated" or the abbreviation "Corp.," reporation name must contain the word
B. Enter new principal office address, if applicable:		202
Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		7 7
		<u> </u>
2. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 73
		= = =
	· · · · -	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office ad 		nter the name of the
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·
(Flor	rida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registered is hereby accept the appointment as registered agent. I am fam		a ablications of the acceptance
петегу ассерс те арронитене аз гезимства адень. Танг јат	инаг wun ан а ассери те	e ovugations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/arc 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>ne</u>		
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change				 	_
Add					_
Remove					_
2) Change		<u>-</u>		 	
Add					
Remove 3.) Change		_	_	 	_
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_	****	 	_
Add					
Remove					_
6) Change		_		 	
Add					
Remove					

	ding or adding additional Ar additional sheets, if necessary)	(Be specific)		
		<u> </u>		
				
				
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f an ame	endment provides for an ex-	hange, reclassification, or	cancellation of issued sha	res,
<u>provisio</u>	ons for implementing the an not applicable, indicate N/A)	enament it not contained.	in the amendment usell:	
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The date of each amendment(s) adoption:	it other than the
date this document was signed. Effective date if applicable: 9 11 20 24	
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 require document's effective date on the Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without st action was not required.	hareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated	
Sudo Voreno	
Signature (By a director, president or other officer) if directors or officers	
selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary)	e, or other court
Sandi Verresame	
(Typed or printed name of person signing)	
President	
(Title of person signing)	