Division of Corporations Electronic Filing Cover Sheet

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(((H22000127192 3)))



H220001271923ABC-

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CW4, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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PAGE 02/06

TO: Amendment Section

COVER LETTER

MCLÍN BURNSED LSL

Tallahassee, FL 32303

Division of Corp	porations	·			
NAME OF CORPO	RATION: CW4, INC				
DOCUMENT NUM	BER: P14000015738				
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Sarah E. Uhrik				
		Name of Contact Person			
	McLin Burnsed				
		Firn/ Company			
	1028 Lake Sumter Landing				
		Address	· · · · · · · · · · · · · · · · · · ·		
	The Villages, Florida 32162				
		City/ State and Zip Code			
	sarahu@mclinburnsed.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Sarah E. Uhrik		at (352	259-5011		
Name	of Contact Person	at (352) 259-5011 Area Code & Daytime Telephone Number			
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address		Address		
	nendment Section	Amendment Section			
	vision of Corporations	Division of Corporations			
	D. Box 6327 Bahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
1 12	nanast, i t uzur	2415 N. Monroe Street, Suite 810			

Articles of Amendment to Articles of Incorporation of

FILED

2022 APR 12 AH 9: 33

CW4. INC

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P146000 15 738	
(Docur	ment Number of Corporation (if known)
ursuant to the provisions of section 607,1006, Florid s Articles of Incorporation:	a Statutes, this Finrida Profit Corporation adopts the following amendment(
If amending name, enter the new name of the c	orporation:
	The new
ume must be distinguishable and contain the word "c Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbr	corporation." "company," or "incorporated" or the other viation "Corp.," or "Co". A professional corporation name must contain the word
Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET AD</u>	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
. If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:
37 (31 6 + 1)	
Name of New Registered Agent	
Name of New Registered Agent	<u></u>
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address)

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

04/12/2022 13:11 352-751-4993 MCLIN BURNSED LSL PAGE 04/06

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, (f 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>T1</u>	John Doe			
X Remove	¥	Mike Jones			
X Add	<u>\$V</u>	Saliv Smith			
Type of Action (Check One)	<u>Tide</u>	<u>Name</u>	Address		
i) Change	ST	Bailey, Clyde Winston Jr.	3649 County Road 214		
X Add		 	Oxford, FI 34484		
Remove					
2) Change	·				
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)	
		· "
		
		
		···
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares	ė.
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
		

The date of each amendment(*) ad date this document was signed.	option:		, if other than the
J			
Effective date if applicable:	(no more tha	m 90 days after amenament file date)	
Note: If the date inserted in this bl document's effective date on the De		nplicable statutory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were ado action was not required.	pted by the incorporators,	, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ado by the shareholders was/were su		The number of votes cast for the amendment(s)	
		s through voting groups. The following statemen d to vote separately on the amendment(s):	1
"The number of votes cast (for the amendment(s) was	s/were sufficient for approval	
by	(voting group)	······································	
DatedSignature(By and selected	le /27	officer - if direct its or officers have not been in the hands of a receiver, trustee, or other court	
-	Clyde Winst	ted name of person signing)	
	President		
	(Title of person	n signing)	