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.

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	will generate another cover sheet.	021
To:		유
	Division of Corporations	Ö
	Fax Number : (850)617-6380	-2
From:		3
	Account Name : GOOD DAY TAX	_
	Account Number : I20210000158	Ö
	Phone : (407)301-1108	<del>-</del> .
	Fax Number : (407)730-6216	~

Email Address: into @ 6000004. Tax

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DAY & AGE CORP

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

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A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

## **COVER LETTER**

NAME OF CORPOR	ATION:	DAY & AGE CORP.				
DOCUMENT NUMB	ER:	P15000017397				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	oondence concerning this ma	atter to the following:				
		ROSALIA PEREZ PON	CE.			
-	<u></u>	Name of Contact Person				
	DAY & AGE CORP.					
-	Firm' Company					
	241	I W. SAND LAKE RD. SU	TITE D			
-	<del></del>	Address				
		ORLANDO, FL 3280	9			
~	City/ State and Zip Code					
		info@goodday.tax				
-	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, plea	se call:				
ROSALI	A PEREZ PONCE	at ( <sup>407</sup>	301-1108			
Name o	Contact Person	Area Co	) 301-1108 de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐\$43.75 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)			
	ng Address adment Section		Address ment Section			

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment Articles of Incorporation

DAY & AGE CORP.

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

P15000017397

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607 1006. Florida Statutas, this Plant and Co.

A. If amending name, enter the new name of the corporati			
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Contains a contain the contact of the	The nemn," "company," or "incorporated" or the abbreviation "Corp.  o". A professional corporation name must contain the wolf?  P.A."		
B. Enter new principal office address, if applicable:	2411 W. SAND LAKE RD, SUITE D		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32809		
C. Enter new mailing address, if applicable:	2411 W. SAND LAKE RD. SUITE D		
(Mailing address MAY BE A POST OFFICE BOX)			
	ODI ANDO ET 22000		
	ORLANDO, FL 32809		
	ORLANDO, FL 32809		
D. If amending the registered agent and/or registered offic	address in Florida, enter the name of the		
new registered agent and/or the new registered office ac	address in Florida, enter the name of the		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac  Name of New Registered Agent	address in Florida, enter the name of the		
Name of New Registered Agent	e address in Florida, enter the name of the dress:		
Name of New Registered Agent  (Flor	address in Florida, enter the name of the dress:		
Name of New Registered Agent	e address in Florida, enter the name of the dress:  ida street address)		
Name of New Registered Agent (Flor	address in Florida, enter the name of the dress:		
Name of New Registered Agent  (Flor	e address in Florida, enter the name of the dress:  ida street address)  (City) , Florida (Zip Code)		
Name of New Registered Agent  (Flor New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature.	da street aidress)  (City)  (City)  (City)  (City)		
Name of New Registered Agent  (Flor	da street aidress)  (City)  (City)  (City)  (City)		
Name of New Registered Agent  (Flor New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature.	da street aidress)  (City)  (City)  (City)  (City)		

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 Jo	ohn Doe			
X Remove	<u>v</u> <u>w</u>	like Jones			
<u>X</u> Add	<u>SV</u> <u>S</u>	ally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		<del></del>			
Add					
Remove 3) Change					
Add					
Remove					
4) Change	<del></del>		W-1		
Add					
Remove					
5) Change		<del></del>		<u> </u>	
Add					
Remove					<u></u>
б) Change					<del></del>
Adđ					
Remove					

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Attach additional sheets, if necessary).	cles, enter change(s (Be specific)				
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an amendment provides for an excha	inge, reclassificatio	n, or cancellation	of issued shar	es.	
Tovisions for implementing the amon		ned in the amen	<u>lment itself:</u>		
orovisions for implementing the amen (if not applicable, indicate N/A)	ament it not contai				
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	•
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fidocument's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of director action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	ps. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
hy	<b>202</b>
(voting group)	1 DEC
12/02/2021 Dated	FILE C-2
Signature	OF STATE
(By a director, president or other officer – if directors eselected, by an incorporator – if in the hands of a receappointed fiduciary by that fiduciary)	OF Officers have not been \times_c
ROSALIA PEREZ PONCE	
(Typed or printed name of person s	gning)
PRESIDENT	
(Title of person signing)	