Division of Corporations

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.

(((H22000008243 3)))



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 : FASTKIT CORP

Account Number : 120100000009

Fax Number

Phone : (305)599-0839 (305)592-9591

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN ENTERTAINMENT RIGGING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

JAN 0 7 2022

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

	. *	TALLA	2022 .
	. •	三 之言:	JAN
Articles of Amendment			
Articles of Incorporation of			-6 AM
ENTERTAINMENT RIGGING SERVICES INC.		STA	ن
(Name of Corporation as current	v filed with the Florida Dept. of State)	D#1	- <u>-</u> -
P16000922331		-تع.	. •
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendi	ment(s) to
A. If amending name, enter the new name of the corporation: STAGE EVENT TECHS INC			
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "charlered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbrevio professional corporation name must con	The neation "Corp. Lain the wo	
B. Enter new principal office address, if applicable:	49 N FEDERAL HWY #160		
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33062		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	49 N FEDERAL HWY #160 POMPANO BEACH, FL 33062		
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ess in Florida, enter the name of the		
		_	
(Florida stre	rei caldress)		
New Registaged Office Address:	'City) , Florida, Florida	o Code)	
	ith and accept the obligations of the position		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	e), F.S.		

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	ŞΥ	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
i)Change			
Add			
Remove			
2) Change			
A dd			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
Change			
Add			
Remove			
6)Change			
Add			
Remove			
KETKOYE			

	ing additional Arti eets, if necessary).	(Be specific)				
·						
				·		
				-		
				·		
•						
		·				
		 , <u></u>				
			•			
 .						
· · · · · · · · · · · · · · · · · · ·				<u></u>		
		· · · · · · · · · · · · · · · · · · ·				
						
				··	-	
				 -		
 						
		,, <u> </u>				
an amendment pro	vides for an excha	ange, reclassifi	cation, or cancell	tion of issued sl	hares,	
orovisions for imple	menting the amen	dment if not c	ontained in the a	nendment itself:		
/:F	t, indicate N/A)					
(if not applicable						
(if not applicable						
(if not applicable					· · · · · · · · · · · · · · · · · · ·	_
(if not applicable		- <u></u> .			·	_
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						
(if not applicable						

IANUARY 5, 2022 The date of each amendment(s) adoption:	_, if other than the		
Effective date if applicable: (no score than 90 days ofter anundment file date)			
Nate: If the date inserted in this block does not meet the applicable standary filing requirements, this date will a document's effective date on the Department of State's records.	on he limble us the		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was were adopted by the incorporation, or board of discutors without shoreholder action and staction was not required.	harvholder		
■ The amendment(s) washvere adapted by the stancholders. The number of votes must for the amendment(s) by the shareholders washwere sufficient for approval.			
☐ The annualment(s) washware approved by the thereholders through voting groups. The following automent must be reportedly provided for each voting group entitled to were separately on the amondment(s): "The number of votes cost for the amondment(s) washwere sufficient for approva	FALLA	2022 J	
by	A	JAN	77
by	SEI	9-	Ш
JANUARY 3, 2002	발유	2	Ö
Dated	STATE FLORID	ڢ	
Signature	. 57	۲ <u>ٔ</u>	
(By a director president or other efficer - if directors or officers have not been selected by an hecosporator - if in the bends of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	>	, •	
MICHAEL JILANGE			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			