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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone

: (305)397-8553

Fax Number

: (305)397-8521

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN 1755 WASHINGTON CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations 1755 WASHINGTON CORP. NAME OF CORPORATION: _____ P16000031382 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IRENE M BERTUCCI Name of Contact Person 1755 WASHINGTON CORP. Firm/ Company . 1755 WASHINGTON AVE STE 3-C Address MIAMI BEACH, FLORIDA 33139 City/ State and Zip Code IRENEMARIABERTUCCI@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IRENE M BERTUCCI Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to Articles of Incorporation of

	1755 WASHIN	IGTON CORP.				
(Name of Corp	oration as currently	filed with the Florida D	ept. of State)			
	P160000	31382				
(C	Ocument Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Fl	orida Profit Corporation	adopts the fo	llowing amer	ndment(s)	
A. If amending name, enter the new name of	the corporation:		:	•		
				The	пеш	
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the B. Enter new principal office address, if appli	"Inc," or "Co". A j abbreviation "P.A."	mpany," or "incorporate professional corporation	ed" or the abbi name must	reviation "Co	rp.,"	
(Principal office address MUST BE A STREET				= = = = = = = = = = = = = = = = = = = =		
				.sc 55. 6		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	4780 PINE	TINE TREE DR APT 6			
		MIAMI BEACH, FL 33140			-	
D. If amending the registered agent and/or re new registered agent and/or the new regist		ss in Florida, enter the	name of the		_	
Name of New Registered Agent	PAGIO'S &	ASSOCIATES, LLC				
	1040 71S	r street ste 103	•			
<u></u>	(Florida stree	i address)				
New Registered Office Address:	MIAMI BEACH		Florida	33141		
	(0	City)		(Zip Code)	_	
New Registered Agent's Signature, If changing I hereby accept the appointment as registered ag	g Registered Agent: ent. I am famillar wh	th and accept the obligat	ions of the pos	sition.		
	Plan	usl.				
	Signature of New Reg	istered Agent, if changin	8			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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 <math>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 Doc				
X Remove	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith		· :		2022
Type of Action (Check One)	<u>Title</u>	Nar	ne	Address	ALLAP ALLAP	2022 SEP 1
1) Change	S	_	ELEONORA DEPALMA	1400 ALTON R		
Add				МІАМІ ВЕАС	H, FL 3313	يَّةً ور ــبـــ
X Remove					<u> </u>	<u></u>
2) Change						
Add						
Remove 3) Change						
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		09/19/2022		•
		ent(s) adoption:		, if other than the
date this docume:	nt was sign			
Effective date if	annlicable	09/19/2022		
Elicente date <u>ii</u>	иррисари	(no more than 90 days after amendment file	date)	-
		in this block does not meet the applicable statutory filing require in the Department of State's records.	ements, this date w	rill not be listed as the
Adoption of Am	endment(s) (CHECK ONE)	•	
The amendme action was not	٠,	were adopted by the incorporators, or board of directors without sl	hareholder action a	nd shareholder
		were adopted by the shareholders. The number of votes cast for the	ne amendment(s)	
		were approved by the shareholders through voting groups The for idea for each voting group entitled to vote separately on the amer	llowing statement idment(s):	2022 SEP 19
"The nu	mber of vo	otes cast for the amendment(s) was/were sufficient for approval	į	3
ьу		IRENE M BERTUCCI		
-, <u></u>		(voting group)		
	Dated	SEPTEMBER 19, 2022	· ·	9:51 9:51
	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)		
		IRENE M BERTUCCI	, ; ,	
		(Typed or printed name of person signing)	:	 _
		PRESIDENT	;	
		(Title of person signing)	,	