P16 000086714

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2022 JAN 21 PM 12: 24
SECRETARY OF STATE
TALLARYSEE EL

01 7/11/200

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Re Image Group, I	nc.		
DOCUMENT NUM	4BER: P16000086714			
	es of Amendment and fee are su	bmitted for filing.		
Please return all com	respondence concerning this ma	tter to the following:		
	Paul Johnson			
	·····	Name of Contact Perso	n	
	Re Image Group, Inc.			
		Firm/ Company		
	28201 Church Road			
		Address		
	Brooksville, FL 34602			
		City/ State and Zip Cod	le	
sjob	nnsonclite1@gmail.com			
		sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
Sandra Johnson		at () 453-7212 ode & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$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 Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Ta	ıllahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FILED

2022 JAN 21 PM 12: 24 (Name of Corporation as currently filed with the Florida Dept. of State).

TALLAMASSEE, FL Re Image Group, Inc. P16000086714 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Billy Joe Roseberry	6020 S Lima Ave
Add			Homosassa, FL 34446
x Remove			
2) Change	<u>s</u>	Tim Needl	1102 W Noble St
x Add			Lecanto, FL 34461
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			7-1
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)				
∛/A					
					
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te de la companya de		. 4 ²	-Madan of ice	and absence	
 If an amendment provides for an exch provisions for implementing the ame 	ndment if not co	ation, or canc ntained in the	amendment	itself:	
(if not applicable, indicate N/A)	The state of the s		4,	<u> </u>	
I/A					
***					1

mili. I i i i i	1/15/2022	_, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, ii oner man me
-	15/2022	
Effective date <u>if applicable</u> :	13/2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendment(s,	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	der
1/15/202	2	
Dated	W Hohnson	
(By a selec	director, president or other officer – if directors or officers have not eted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Paul M Johnson	
	(Typed or printed name of person signing)	
	President/Owner	
	(Title of person signing)	