P16000092394

(Requestor's Name)			
(1042000			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Puningg Estitutions)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
JAN 2 7 2023			
jru -			

Office Use Only



300396642783

13 722 Shire - 6.7 + +445.





COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: MAXWELL BOCUMENT NUMBER: P160009	Systems, INC 2394	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
ΔO (1)	me of Contact Person Stems INC Firm/ Company Address Address 4 F 33703 State and Zip Code R YMAD. (OM) future annual report notification)	
For further information concerning this matter, please call:		
LYNN E Maxuse	at (727) 434-4363 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable	e to the Florida Department of State:	
Certificate of Status Co	43.75 Filing Fee & certified Copy dditional copy is eclosed) \$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 The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Incorporation

Articles of Amendment

(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: NIA 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: 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

Check if applicable

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

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 Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Pte	Si <u>ven</u> s	LYNN EMAXWELL IT	1933 Aceanhear Dr NE St. Petersbirg, F1 3570
Add Remove			St. Petersburg, F1 3570
2) Change Add	Vice	L LYNN EMAXWOLL III	1933 Aerowhord Dr NE ST. Petersburg F1 3371
Remove 3) Change		_	
Add			
Remove 4) Change Add			
Adu Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add Remove			
INSTITUTE			

	onal sheets, if necessary). ((Be specific)	<u>ere</u> :		
					
				<u> </u>	
			<u>.</u>		
		, <u></u>		<u>.</u>	
					<u> </u>
f an amendn provisions fo (if not ap	nent provides for an exchanor implementing the amend oplicable, indicate N/A)	ige, reclassification, Iment if not contain	or cancellation of is ed in the amendmen	sned shares, t itself:	
					
	 		,		

The date of each amendment(s) adoption: 10/24/22 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment)	nt file date)
(no more than 50 days after amenane)	a fre date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, 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 directors with action was not required.	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. It must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
by /NCORPORATORS (voting group)	<u>_</u> ,*
(voting group)	
Dated 10/24/22 Signature Lyn May	
(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
LYNN MAXWELL	
(Typed or printed name of person signing	g)
PRESIDENT	
(Title of person signing)	