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## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

| NAME OF CORPOR   | RATION: Michael J. Vername                  | onti, PA   |  |                      |
|--|---|--|--|----------------------|
| DOCUMENT NUMI  | BER:  |  |  |                      |
|  | of Amendment and fee are sub                | omitted for filing.  |  |                      |
| Please return all corre  | spondence concerning this mat               | ter to the following:  |  |                      |
|  | Michael J. Vernamonti                       |  |  |                      |
|  |   | Name of Contact Person   |  |                      |
|  |   | Firm/ Company  |  |                      |
|  | 4370 Turnberry Circle                       |  |  |                      |
|  |   | Address  |  |                      |
|  | North Port. FL 34288                        |  |  |                      |
|  |   | City/ State and Zip Code   |  |                      |
|  | mvernamo@gmail.com                          |  |  |                      |
|  | E-mail address: (to be us                   | ed for future annual report                                      | notification)  |                      |
| For further informatio   | on concerning this matter, pleas            | e call:  |  | 23 ( ) 23            |
| Michael J. Vernamonti  |   | 941<br>at (  | 268-1982   |                      |
| Name of Contact Person   |   | at (941 ) 268-1982  Area Code & Daytime Telephone Numbe          |  | (C)                  |
| Enclosed is a check for  | or the following amount made                | payable to the Florida Depa                                      | irtment of State:  | 12<br>12<br>12<br>13 |
| ■ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |                      |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 |   | Amend<br>Divisio   | Address ment Section in of Corporations entre of Tallahassee                         |                      |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Michael J. Vernamonti, PA

Check if applicable

 $\square$  The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

| P17000039762  (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) 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.," 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 MAYBE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:  Name of New Registered Agent  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port. Fl. 3-J288  North Port.  Florida 34288  (Circ)  (Circ)  Florida 34288   | (Name   | of Corporation as currentl                                 | y filed with the Florida Dept. of         | State)                                  |
|--|---|--|---|---|
| Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) 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."  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 the new 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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port  Florida 34288   | P17000039762  |  |   |   |
| 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."  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)  North Port, FL 34288  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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port  Florida  North Port  Florida  14288  |   | (Document Number o   | f Corporation (if known)                  |   |
| N/A  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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port  Florida  North Port  Florida  Florida  Florida  Florida  Florida  Florida  Florida   |   | ,1006, Florida Statutes, this                              | Florida Profit Corporation adopts         | the following amendment(s) t            |
| name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "hic.," or "Co.," or the designation "Corp.," "hic.," 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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port  Florida 34288   | A. If amending name, enter the new n  | ame of the corporation:                                    |   |   |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "hec.," 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  North Port  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port  Florida 34288   | N/A   |  |   | The new                                 |
| C. Enter new mailing address, if applicable: (Mailing address MUST BE A STREET ADDRESS)  North Port, FL 34288  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  North Port, FL 34288  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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  North Port FL 34288   | "Inc.," or Co.," or the designation "   | Corp," "Inc," or "Co". z                                   | f professional corporation name           | he abbreviation "Corp.,"                |
| 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  Michael J. Vernamonti  4370 Turnberry Circle  (Florida street address)  New Registered Office Address:  North Port  Florida  A4288   | R Enter new principal office address  | if annlicable:   | 4370 Turnberry Circle                     |   |
| (Mailing address MAY BE A POST OFFICE BOX)  North Port, Fl. 34288  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  4370 Turnberry Circle  (Florida street address)  North Port  Florida  North Port  Florida  134288  |   |  | North Port, FL 34288                      |   |
| (Mailing address MAY BE A POST OFFICE BOX)  North Port, Fl. 34288  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  4370 Turnberry Circle  (Florida street address)  North Port  Florida  North Port  Florida  134288  |   |  |   |   |
| 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  |   |  | 4370 Turnberry Circle                     |   |
| Name of New Registered Agent    Name of New Registered Agent   Michael J. Vernamonti   |   |  | North Port, FL 34288                      | • |
| Name of New Registered Agent    Name of New Registered Agent   Michael J. Vernamonti   |   |  |   |   |
| Name of New Registered Agent    Name of New Registered Agent   Michael J. Vernamonti   |   |  |   |   |
| Name of New Registered Agent  4370 Turnberry Circle  (Florida street address)  North Port  North Port  Florida 34288   |   |  |   | t the                                   |
| Address   Addr | Name of New Registered Agent  | Michael J. Vernamonti                                      |   | Ξ                                       |
| North Port   |   |  |   |   |
| New Registered Office Address: Florida Florida   |   | (Florida str   | cet address)                              |   |
|  | New Registered Office Address:  | North Port   | , Flo                                     | 34288<br>orida                          |
|  |   |  | (City)                                    | (Zip Code)                              |
|  | New Registered Agent's Signature, if of thereby accept the appointment as registered. | changing Registered Agent:<br>tered agent. I am familiar v | i<br>with and accept the obligations of t | the position.                           |
| 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.   |   |  |   |   |
| 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.   |   | 3  |   |   |
| New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |   | Signature of New Re  | egistered 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)

Remove

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 = ChiefExecutive 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 Doc 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) N/A Change              |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 2) N/A Change              |              |             |                 |
| Add                        |              |             |                 |
| 3 ) N/A Change             |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 4) N/A Change              |              |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 5) N/A Change              | _            |             |                 |
| Add                        |              |             |                 |
| Remove                     |              |             |                 |
| 6) N/A Change              |              |             |                 |
| Add                        |              |             |                 |
|                            |              |             |                 |

| The date of each amendment(s) adoption:, if other than the   |
|--|
| date this document was signed.   |
| Effective date if applicable:  |
| (no more than 90 days after amendment file date)   |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  |
| Adoption of Amendment(s) (CHECK ONE)   |
| ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.   |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):       |
| "The number of votes east for the amendment(s) was/were sufficient for approval  |
| by"  |
| (voting group)   |
| Oct 21, 2023   |
| Dated  |
| Signature  |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Michael J. Vernamonti  |
| (Typed or printed name of person signing)  |
| President  |
| (Title of person signing)  |