

P1700000 446 95

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

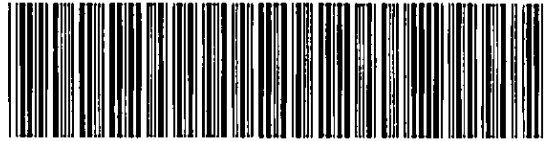
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: No Label Clothing, Inc.
P17000044695
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard L. Brooks II, Esq.

Name of Contact Person
St. Augustine Law Group, P.A.

Firm/ Company
2740 US Highway 1 South

Address
St. Augustine, FL 32086

City/ State and Zip Code
rich@staugustinelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Newton 904 990 - 7777

Name of Contact Person at () Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

No Label Clothing, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000044695

(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:

NLC By Class One, Inc.

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:

(City)

, Florida

(Zip Code)

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.

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TALLAHASSEE, FLORIDA

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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(Attach additional sheets, if necessary). (Be specific)

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CLERK OF THE
TALLAHASSEE, FLORIDA

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)

Note: 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 cast for the amendment 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 cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

05/27/2022

Dated _____

Signature

Charles Jackson DPOA - Richard Brooks II
(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)

Charles Jackson - Richard Brooks II DPOA
(Typed or printed name of person signing)

President
(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DURABLE POWER OF ATTORNEY
OF
CHARLES QUINCY JACKSON**

I, CHARLES QUINCY JACKSON, of 512 Albert Court, St. Augustine, FL 32092 referred to herein as PRINCIPAL, hereby executes this Durable Power of Attorney in accordance with chapter 709 of Florida Statutes.

I. DESIGNATION OF AGENT. I, CHARLES QUINCY JACKSON, name the following person as my agent:

Name of Agent: Richard L. Brooks II
Agent's Address: 2740 US Highway 1 South
St. Augustine, FL 32086
Agent's Telephone Number: (904) 990 - 7777

II. GRANT OF GENERAL AUTHORITY I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Florida Statutes §709.2201: (initial individually, or initial "All Subjects Within This Section" to include all of those contained herein

<input type="checkbox"/> Real Property	<input type="checkbox"/> Claims and Litigation
<input type="checkbox"/> Tangible Personal Property	<input type="checkbox"/> Personal and Family Maintenance
<input type="checkbox"/> Stocks and Bonds	<input type="checkbox"/> Benefits from Governmental Programs of Civil or Military Service
<input type="checkbox"/> Commodities and Options	<input type="checkbox"/> Retirement Plan
<input type="checkbox"/> Operation of Entity or Business	<input type="checkbox"/> Estates, Trusts, and other Beneficial Interests
<input type="checkbox"/> Insurance and Annuities	<input checked="" type="checkbox"/> All Subjects Within This Section

III. GRANT OF SPECIFIC AUTHORITY. My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

☒ Engage in any and all related activities pertaining to personal banking and financing, including, but not limited to the creation, amendment, or termination of any and all accounts held by PRINCIPAL.

☒ Create, amend, revoke, or terminate an inter vivos trust

☒ Make a gift, subject to the limitations of the Florida Statute § 709.2203(3) and any special instructions in this power of attorney

☒ Create or change rights of survivorship

☒ Create or change a beneficiary designation

☒ With respect to a trust created by or on behalf of the principal, amend, modify, revoke, or terminate the trust, but only if the trust instrument explicitly provides for amendment, modification, revocation, or termination by the settlor's agent

<u>CQS</u>	<u>BJR</u>	<u>RB</u>
Principal	Witness	Witness

CQJ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

CQJ Disclaim or refuse an interest in property, including a power of appointment

IV. **LIMITATION ON AGENT'S AUTHORITY.** Any agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

V. **SPECIAL INSTRUCTIONS.** You may give special instructions on the following lines:

VI. **PRINCIPAL'S INTENT TO CREATE A DURABLE POWER OF ATTORNEY.** This is a durable power of attorney given pursuant to Florida Statutes § 709.2104. This durable power of attorney is not terminated by subsequent incapacity of the principal except as provided in Chapter 709, Florida Statutes.

VII. **EFFECTIVE DATE.** This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions that are effective pursuant to Florida Statutes § 709.2108.

VIII. **RELIANCE ON THIS POWER OF ATTORNEY.** Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

IX. **SIGNATURE AND ACKNOWLEDGMENT.** IN WITNESS WHEREOF, I have hereunto set my hand and seal the 24th day of Sept, 2020.

Charles Q. Jackson
CHARLES QUINCY JACKSON
512 Albert Court
St. Augustine, FL 32092

SEALED AND DELIVERED
IN THE PRESENCE OF:

Beverly Ross
Signature of Witness

Beverly Ross
Printed Name

[Signature]
Signature of Witness

Richard L. Brantley
Printed Name

CQJ BJR RB
Principal Witness Witness

STATE OF FLORIDA

COUNTY OF St. Johns

Subscribed and sworn before me on 9-24-20 (date) by Charles Q. Jackson (Principal),
Beverly Ross (Witness #1), and Richard L. Brooks II (Witness #2), all of whom
personally appeared before me, and all of whom did take an oath. Who appeared before me (☒) in- person or
(☐) online presence.

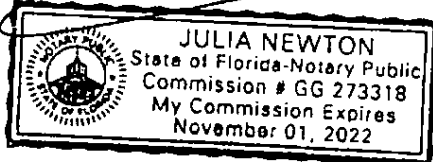
Each of the Principal and the witnesses are personally known to me, or if not produced identification as set forth below.

The Principal is (☐) personally known to me or (☒) produced the following identification: FL ID

The First Witness is (☒) personally known to me or (☐) produced the following identification: _____

The Second Witness is (☒) personally known to me or (☐) produced the following identification: _____

NOTARY PUBLIC STATE OF FLORIDA



Print, Type or stamp commissioned nam

CQJ
Principal

BJR
Witness

RQ
Witness