P17000055478

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UF | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
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Office Use Only



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J. FASON!
JUL 02 2021

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | PRATION: REDLINE INNOV | ATIONS INC. | |
|------------------------|---|--|---|
| DOCUMENT NUM | IBER: P17000055478 | | |
| The enclosed Article | s of Amendment and fee are sub | omitted for filing. | |
| Please return all corr | espondence concerning this mat | ter to the following: | |
| | STEVEN MILLS | | |
| | | Name of Contact Persor | |
| | REDLINE INNOVATIONS INC | | |
| | | Firm/ Company | |
| | 89 ANCHOR DR | | |
| | | Address | |
| | INDIAN HARBOUR BEACH | I, FL 32937 | |
| | | City/ State and Zip Code | |
| | stevemills.redline@gmail.com | 1 | |
| | ~- | ed for future annual report | notification) |
| For further informati | on concerning this matter, pleas | e call: at (⁴⁰⁷ | 405-3131 |
| Name of Contact Person | | | de & Daytime Telephone Number |
| Enclosed is a check | for the following amount made p | payable to the Florida Depa | 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) |
| Ar Di P. | ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314 | Amend Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

REDLINE INNOVATIONS INC

| (Name o | of Corporation as currer | itly filed with the Florida Dept | . of State) | | |
|--|---|----------------------------------|---|--|--|
| P1000055478 | | | | | |
| | (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | .1006, Florida Statutes, thi | is Florida Profit Corporation ac | lopts the following amendment(s) | | |
| A. If amending name, enter the new n | ame of the corporation: | | | | |
| | | | The new | | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association," | Corp," "Inc," or "Co". | A professional corporation ne | or the abbreviation "Corp.," ame must contain the word | | |
| B. Enter new principal office address, if applicable: | | 89 ANCHOR DR | | | |
| | (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | INDIAN HARBOUR BEACH, FL 32937 | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 89 ANCHOR DR | 89 ANCHOR DR | | |
| | | INDIAN HARBOUR BEACH, FL 32937 | | | |
| D. If amending the registered agent ar | | | ne of the | | |
| new registered agent and/or the new | STEVEN MILLS | <u>ss:</u> | | | |
| Nume of New Regulectu Agent | 89 ANCHOR DR | | | | |
| | (Florida : | street address) | | | |
| New Registered Office Address: | INDIAN HARBOUR BEACH | | , Florida 32937 | | |
| | (City) | | (Zip Code) | | |
| | | | | | |
| New Registered Agent's Signature, if c | hanging Registered Age | nt <u>:</u> | | | |
| I hereby accept the appointment as regist | | | s of the position. | | |
| | _//// | | <u></u> | | |
| · | / | | : <u>:</u> :::::::::::::::::::::::::::::::::: | | |
| | Signature of New | Registered Agent, if changing | | | |
| Check if applicable | | | 7 | | |
| ☐ The amendment(s) is/are being filed p | ursuant to s. 607.0120 (11 |) (e), F.S. | . الم | | |
| | | | .56 | | |

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> <u>John</u> | Doe | |
|--------------------|-----------------------|-------------------|---------------------------|
| X Remove | <u>V</u> <u>Mike</u> | <u>e Jones</u> | |
| X Add | SV Sally | <u> Smith</u> | |
| Type of Action | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| (Check One) | PD | MILLS, STEVEN | 89 ANCHOR DR |
| 1) Change | | | INDIAN HARBOUR BEACH, FL |
| Add | | | 32937 |
| Remove | VSTD | MILLS, THOMAS | 290 POMPANO DR |
| 2) Change Add | | | MELBOURNE BEACH, FL 32951 |
| Remove 3) X Change | D | CLARK, ROBERT | 7823 DESMOND AVE |
| Add | | | MELBOURNE, FL 32940 |
| Remove | | | 2791 CASTERTON DR |
| 4) X Change | D | PANNUCCI, MICHAEL | MELBOURNE, FL 32940 |
| Add | | | MELBOOKNE, I E 32740 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| . If amending or adding ad | iditional Articles, enter | change(s) here: | | |
|---|---------------------------------------|-----------------------|------------------------|--------------|
| (Attach additional sheets, is | f necessary). (Be speci | fic) | | |
| N/A | | | | |
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| . If an amendment provid | es for an exchange, rec | lassification, or can | cellation of issued sh | ares, |
| provisions for implement (if not applicable, in- | nting the amendment if | not contained in th | e amendment itself: | |
| (if not applicable, in | dicate N/A) | | | |
| N/A | | | ··· | |
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| • | MAY 20, 2021 | |
|---|--|-----------------------------|
| The date of each amendment(s) a | doption: | , if other than the |
| date this document was signed. | 2021 | |
| MA Effective date <u>if applicable</u> : | Y 20, 2021 | |
| and it apparents. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this be document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date partment of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | opted by the incorporators, or board of directors without shareholder action | n and shareholder |
| ☐ The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval. |) |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | 2021 |
| by | | ي _ |
| <u></u> | (voting group) | 2021 JUH-1 |
| MAY 20, 2 | 021 | PH 12 |
| Dated | V21 | |
| | | ي س |
| Signature | | 26 |
| (By a d selecte | frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary) | |
| | MICHAEL PANNUCCI Michael A. Ponnuca Id | - |
| | (Typed or printed name of person signing) | |
| | VP | |
| | (Title of person signing) | _ |