## P17000062251

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

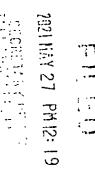
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05/27/21--01012--028 \*\*85.00

07/1/2021



## **COVER LETTER**

TO: Amendment Section Division of Corporations	,
name of corporation: Distantion Distantia	tel Website Congration
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
	Name of Contact Person    Abelle (& Poration)     Firm/ Company     Street   Suite 300     Address     Fill GMAIL (VIM     For future annual report notification)
For further information concerning this matter, please	call:
Name of Contact Person	at (925) \$22-6953 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of An	nendment ( )
Articles of Inco	rporation
Distributed Webste	2021 MAY 27 PH 12: 19,
(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp."
B. Enter new principal office address, if applicable:	5.50 N. RED Street, Suite 300
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	TAMDA , F1 33604
	The principle of the pr
C. Enter new mailing address, if applicable:	550 N. RED ST., Svite 300
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	
	1 Ampt, +1 33677
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	NH
(Florida stree	t address)
New Registered Office Address:	N + Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
$\mathcal{N}\mathcal{A}$	
Signature of New Reg	ristered Agent, if changing
Check if applicable	
$\Box$ 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.

Example:

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		- //-	
Add			<del> </del>
Remove			
2) Change			<del></del>
Add			<del></del>
Remove Change			
Add			<u></u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-		
Remove			

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n amendment provides fo	or an exchange, i	reclassification, or car	rcellation of issue	d shares,	
ovisions for implementing (if not applicable, indica	<u>the amendmen</u> w/A)	t if not contained in t	he amendment its	elf:	
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The date of each ard		option:	5/25	/3W/_		, if other than the
Effective date <u>if ap</u>	plicable:					
		(no mo	re than 90 days af	ter amendment file da	te)	<del></del>
Note: If the date in document's effective	iserted in this blo e date on the Dep	ock does not meet to partment of State's r	the applicable stat ecords.	utory filing requireme	ents, this date will n	ot be listed as the
Adoption of Amen	dment(s)	(CHECK O	<u>NE</u> )			
The amendment( action was not re	s) was/were ador quired.	nted by the incorpor	ators, or board of o	firectors without share	cholder action and sh	ıareholder
☐ The amendment( by the sharehold	s) was/were ador ers was/were suf	nted by the sharehole ficient for approval.	ders. The number	of votes east for the a	mendment(s)	
must be separate	rly provided for e	ach voting group er	ntitled to vote sepa	ng groups. The follow rately on the amendm	ving statement ent(s):	
"The numb	er of votes cast fo	or the amendment(s	) was/were suffici	ent for approval		
by		(voting group	p)			
	selected,		- if in the hands o	rectors or officers hav f a receiver, trustee, o		
	_	(Typed or	r printed name of p	vit/ person signing)	<del></del>	
	**	Title of	erson signing)			