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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C. BRUMELEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Brain Plast, Inc. DOCUMENT NUMBER: P1700081268	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	!2: 23
Jacqueline Davis Name of ontact Person Brain plast, Inc. Firm/ Company 8079 Pacific Beach Drive Address Fort Myers, Florida 3396 b City/ State and Zip Code brain plast gamail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (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

Articles of Amendment Articles of Incorporation

		of		
<u> </u>	alas	-1-	The	

Brainplus	
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P 17 000	81268
(Document Number o	f Corporation (if known)
	•
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "C "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1. professional corporation name must contain the word
B. Enter new principal office address, if applicable:	8079 Pacific Beach Drive
(Principal office address MUST BE A STREET ADDRESS)	
	Et. Myers, Florida 33966
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8079 Pacific Beach Drive
,	
	Ft. Myers, Florida 33966
D. 16	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
·	· .
Name of New Registered Agent	
	The Control of the Co
tFlorida stre	ret address)
New Registered Office Address;	Florida 22 ~
$City) \qquad Cif(Zip) Correction $	
	City)
	56
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	Th and accept the obligations of the position.
Signature of New Re	gistered 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)

____ Add

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 PTJohn Doe X Remove VMike Jones <u>X</u> Add SVSally Smith Type of Action <u>Title</u> Name <u>Address</u> (Check One) Jacqueline Windrester 1008 SE 23'd Place Cape Coral, Fl. 33990 1) X Change Add ____ Remove 8079 Pacific Beach Drivi 2) ____ Change $-X_{Add}$ Ft. Myers FL. 33966 _____ Remove 3) _____ Change ____ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) _____ Change ____ Add ____ Remove 6) _____ Change

ttach additional sheets, if necessary).	(Be specific)		
			
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an amendment provides for an exch	inge, reclassification, or cancella	tion of issued shares,	
rovisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in the an	nendment itself:	
ty wa uppartmat, mateure may			
·			
			

The date of each amendment(s) ado date this document was signed.		if other than the
Effective date if applicable:	(no more than 90 days after amendment file o	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requires	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the cient for approval.	r amendment(s)
	ved by the shareholders through voting groups. The followhy voting group entitled to vote separately on the amend	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated		
selected.	ctox pre-dept or other officer – if directors or officers he by an incorporator – if in the hands of a receiver, trustee, fiduciary by that fiduciary)	ave not been or other court
_	Tacqueline Dan ⁵ (Typed of printed name of person signing)	
_	PVST (Title of person signing)	_