

PN000090436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

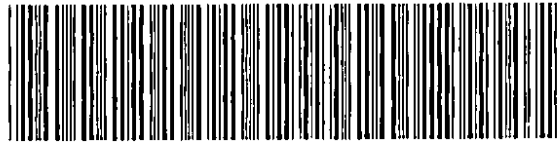
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ST. LOUIS, MO
FBI OFFICE

JAN 21 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRIPHASE DESIGN CORP

DOCUMENT NUMBER: P17000090436

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

Please return all correspondence concerning this matter to the following:

LAUREL GINN

Name of Contact Person

TRIPHASE DESIGN CORP

Firm/ Company

1220 PROSPECT AVE # 201E

Address

MELBOURNE, FL 32901

City/ State and Zip Code

OFFICE@TRIPHASEDEV.COM

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

For further information concerning this matter, please call:

LAUREL GINN

at (321) 754-6077

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

TRIPHASE DESIGN CORP

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

P17000090436

(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:

TRIPHASE DEVELOPMENT CORP.

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)

1220 PROSPECT AVE

201 E

MELBOURNE, FL 32901

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

BOX 1806

MELBORNE, FL 32902

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) (c), F.S.

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STATE OF FLORIDA
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

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CARMINE L FINNO</u>	<u>1220 Prospect Ave</u> <u>#201 E</u> <u>Melbourne, FL 32901</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>LAUREL GINN</u>	<u>1220 Prospect Ave</u> <u>#201 E</u> <u>Melbourne, FL 32901</u>
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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CLERK OF DISTRICT COURT
JAN 21 2020
U.S. DISTRICT COURT
MELBOURNE, FL

E. If amending or adding additional Articles, enter change(s) here.
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

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STUART COUNTY CLERK
PAUL W. HARRIS
CLERK

Document was signed.

the date if applicable:

(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records.

1 of Amendment(s)

(CHECK ONE)

Amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder consent was not required.

Amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) and the number of shares owned by the shareholders was/were sufficient for approval.

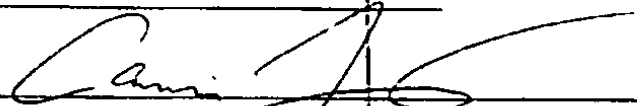
Amendment(s) was/were approved by the shareholders through voting groups. The following statement is being provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

By _____
(voting group)

Dated 5 January 2020

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.)

CARMINE L FINNO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA