P18000096582

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COVER LETTER

TO: Amendment Section Division of Corporations

	RPORATION: INFRASHATE O		
DOCUMENT	NUMBER: P18000096582		.
	ticles of Amendment and fee are s	ubmitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	RENATA SIGFRIED		
		Name of Contact Person	1
	INFRASHAPE OF SARAS	OTA INC	
		Firm/ Company	
	3281 BENEVA RD, APT 20)1	
		Address	
	SARASOTA, FL 34232		
		City/ State and Zip Cod-	e
	WCOASTACC@AOL.COM	4	
	-	sed for future annual report	notification)
For further infor RENATA SIGE	mation concerning this matter, plea		284-3939 de & Daytime Telephone Number
Name of Contact Person			de & Daytime Telephone Number
•	rame of Confact Person	Area Co	de de isayinne retepikine riantoer
	eck for the following amount made		
	eck for the following amount made		

Articles of Amendment to Articles of Incorporation of

FILED

INFRASHAPE OF SARASOTA INC	2021 FFR 19 PM 2. 2.
(Name of Corporation as c	currently filed with the Florida Dept. of State
P18000096582	SECRETARY OF STATE
(Document No	umber of Corporation (if known) PITA SEE, FL
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ition:
INFRASLIM X INC	The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp," "Inc," or " "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Matting dualess MAT DEST COST OF CICE DIZE)	
D. If amending the registered agent and/or registered off	
new registered agent and/or the new registered office	address:
Name of New Registered Agent	
(F)	lorida street address)
New Registered Office Address:	Florida
	(City) (Zip Còde)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fe	
Signature o	f New Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.01	20 (11) (e), F.S.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = President, Treasurer, Dira Changes should be noted	ind/or D if necess vector title resident Chief Fi vector wou in the follows the co	ary) e by the first letter of the office title. ; T= Treasurer; S= Secretary; D= Director; TR= Trus nancial Officer. If an officer/director holds more than or dd be PTD. llowing manner. Currently John Doe is listed as the PS orporation, Sally Smith is named the V and S. These sho	tee; C = Chairman or Clerk; CEO = Chiej ne title, list the first letter of each office held T and Mike Jones is listed as the F There is
X Change	<u>PT</u>	John Doe	
\underline{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		-	
Remove		_	
2) Change	-		
Add		-	
Remove Change			
Add		-	
Remove		_	
4) Change			
Add		-	
Remove		_	
5) Change		<u> </u>	
Add		-	
Remove			
6) Change			
Add		-	
Remove		_	

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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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<u>. </u>	
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	1
	<u> </u>

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The date of each amendment(s) adoption: date this document was signed.	02-05-2021, if other th	ıan
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	s not meet the applicable statutory filing requirements, this date will not be listed of State's records.	as
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by		
(voting group)	
Dated 2 10	121	
Signature		
selected, by an i	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
RENAT	A SIGFRIED	
	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	

the

the