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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MOYNING	Star Preasu	ore Wosh Inc
DOCUMENT NUMBI		1299733	
The enclosed Articles o	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
-	(Name of Contact Person	n 2
	14 orning	Firm/ Company	sore Wash Inc
_	1114	Therokee	S .
-	J.	Address City/ State and Zip Cod	3 <u>34 58 . </u>
	E-mail address: (to be us	oak inancialo ed for future annual report	artners.com
For further information	concerning this matter, pleas	se call:	
Oscar Name of	Contact Person	at (56 Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address dment Section		Address Iment Section
	on of Corporations		on of Corporations
	30x 6327 Jassee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810
т анаг	1855CC, F.L. 04014	Z4131	A. IVIOREUC SUCCE SURC STU

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

MAT 20 H J. 1.1

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Morning	Star	me of Corporation	Wash	Inc	CECOET	ARY OF STATE
J	(<u>Na</u>	me of Corporation :	as currently	filed with the	Florida Dept of S	(ate) SSEE, FL
		PIF	אמא אמיי כ	39733	1,712-	
		(Document	Number of	Corporation (if	known)	
		·			·	
Pursuant to the provi its Articles of Incorp		607.1006, Florida Sta	atutes, this F	Io <mark>rida Profit C</mark> e	orporation adopts	the following amendment(s)
A. If amending nar	ne, enter the ne	w name of the corpo	oration:			
М.	<i>c</i> 1			7	· 70.c	771
	ng Da	control control	Der	Jices -	cornerated" or the	The new abbreviation "Corp.,"
"Inc.," or Co.," or	the designatio	iain me word "corpe i "Corp," "Inc," oi on," or the abbrevia	r "Co". A	professional co	orporation name	must contain the word
D. Entar nom princ	inal affice adds	oca if applicables		NIA		
B. Enter new princ		ess, ii applicable: A STREET ADDRE	SS)	11 (1)		.
,			·			
C. Enter new mail	ing address, if	pplicable:		. 1 1 -		
(Mailing address	MAY BE A PO	ST OFFICE BOX		NA		
						
D. If amanding the	manistanad vaa	nt and/or registered	affias uddw	era in Florido, a	nton the nome of	tha
		n and/or registered offi		255 III FIOTIQA, C	inter the name of	<u>the</u>
			•			
<u>Name of Ne</u>	w Registered Ag	$_{em}$ $\lambda / A \cdot$				
		·				
			(Florida stre	et address)		
M D					Plac	
<u>New Registe</u>	<u>red Office Addi</u>	<u>ess</u> :	(City)	, Flor	(Zip Code)
				•		, , ,
New Registered Age	ent's Signature	if changing Registe	red Agent			
		egistered agent. I ar		ith and accept th	he obligations of th	ie position.
, ,			•	•		•
	-	Signatur	e of New Re	gistered Agent,	if changing	
		•		_		
Check if applicable						

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

•				
address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dit Changes should be noted	and/or D , if necess rector titl President = Chief Fi rector wo l in the fo ives the c	prector being added: vary) e by the first letter of the offic to T = Treasurer; S = Secretar financial Officer. If an officer/ uld be PTD. Ilowing manner. Currently Jo- orporation, Sally Smith is nan	e title: v: D= Director; TR= Tr. director holds more than ohn Doe is listed as the F	lirector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chic one title, list the first letter of each office held of the list of the Jones is listed as the V. There is hould be noted as John Doe, PT as a Change
X Change	<u>PT</u>	John Doe		
X Remove	V	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	N	/A·		
Add				
Remove				
2) Change				

___ Add

____ Add

4) ____ Change

____ Add

5) ____ Change

____ Add

6) ____ Change

____ Add

____ Remove

____ Remove

____ Remove

____ Remove

Remove 3) ___ Change

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
N/A
14/14
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)
At 1
N A
·

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The date of each amendment(s) adoption this document was signed.	ption:	05 13	22		, if other than the
Effective date if applicable:		05 13	122		
 	(n	io more than 9	0 days after amendn	nent file date)	l
Note: If the date inserted in this blocument's effective date on the Department			cable statutory filing	g requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHEC	CK ONE)			
The amendment(s) was/were adopt action was not required.	ted by the inc	orporators, or l	board of directors w	ithout shareholder action	and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	•		e number of votes ca	ast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ea					ı
"The number of votes cast fo	r the amendn	ient(s) was/we	re sufficient for app	roval	
by	·			,**	
	(voting	group)			
Dated	1 -1				
Signature	//				
tBy a dire				officers have not been	
		orator – if in the that fiduciary)		r, trustee, or other court	
аррописс	r nuticiary by	mar richiciary)			
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_	(Ту	ped or printed	name of person sign	र्भीद्ध)	
	,	Presid	er w t		
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