P19000026529

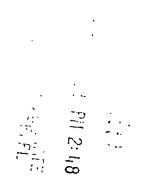
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: IMPRESSION INC. DOCUMENT NUMBER: P19000026529 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIANA BLASCHZYK Name of Contact Person HILL & COMPANY, CPA, PA Firm/ Company 804 NICHOLAS PKWY E, STE 1 Address CAPE CORAL, FLORIDA 33990 City/ State and Zip Code DBLASCHZYK@HILLCOCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 549-2444

Area Code & Daytime Telephone Number THOMAS W HILL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

IMPRESSION INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000026529	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	Thenew
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
D. P. A.	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
· · ·	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	ddress in Florida, enter the name of the
N/A	0.000
Name of New Registered Agent	
	<u>जार</u> है
(Florida	street address)
New Registered Office Address:	_, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:
t hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Signature of Nev	v Registered Agent, if changing

Check if applicable

☐ 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	P	NORBERT WALTRAUD	804 NICHOLAS PKWY E, STE 1
Add			CAPE CORAL, FLORIDA 33990
X Remove			
2) X Change	P	HILL THOMAS W	804 NICHOLAS PKWY E, STE I
Add			CAPE CORAL, FLORIDA 33990
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>		
Add			
Remove			<u></u>
6)Change			
Add			
Remove			

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

The date of each amend date this document was s	ment(s) adoption:, if other than the
Effective date <u>if applica</u>	(no more than 90 days after amendment file date)
Note: If the date inserte document's effective date	I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendmer	t(s) (<u>CHECK ONE</u>)
The amendment(s) was action was not require	s/were adopted by the incorporators, or board of directors without shareholder action and shareholder i.
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
☐ The amendment(s) wa must be separately po	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):
"The number of	votes east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	UNE 17th, 2021
Signat	(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)
	THOMAS W HILL
	(Typed or printed name of person signing)
	SECRETARY
	(Title of person signing)

the