P19 0000 26529

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IMPRESSION INC	C.			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	DIANA BLASCHZYK				
		Name of Contact Person	1		
	HILL & COMPANY, CPA, PA				
	Firm/ Company				
	804 NICHOLAS PKWY EAST, STE I				
		Address			
	CAPE CORAL, FLORIDA 33990				
		City/ State and Zip Code	e		
	DIANA@HILLCOCPA.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
THOMAS W. HILL		239 at (549-2444		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

3

Articles of Amendment to Articles of Incorporation of

FILED

2022 JUN -6 AM 11: 31

IMPRESSION INC.	SECRETARY OF THE
(Name of Corporation as	currently filed with the Florida Dept. of State)
P19000026529	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora	ation:
N/A	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 abbreviatio	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
	N/A
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> 	S)
	- · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent N/A	•
	Florida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registere	d Agent:
hereby accept the appointment as registered agent. I am fi	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
Shoulder Politi	Ç
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)

Example:

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.

X Change	<u>PT</u>	John Doe	
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) XX Change	P	WALTRAUD NORBERG	804 NICHOLAS PKWY E, STE 1
Add			CAPE CORAL, FLORIDA 33990
Remove			
2) Change			
Add			
Remove 3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ch <i>additional sheets,</i> į	j necessary). (1	Be specific)			
/A		-				
						
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lfan	amendment provide	es for an exchan	ne reclassificatio	n or cancellatio	n of icenad charac	
prov	visions for implemen	iting the amendr	nent if not conta	ined in the amen	dment itself:	
	(if not applicable, inc	dicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	e)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendm	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	(voting group)	
05/31/2/ Dated	022	
Signature	2) - Norlesco	
	a director, president or other officer - if directors or officers have	e not been
	cted, by an incorporator – if in the hands of a receiver, trustee, o	r other court
арр	pinted fiduciary by that fiduciary)	
	WALTRAUD NORBERG	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	