# P19000032927

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SECRETARY OF GALAGE CORPORCE SECRETARY OF GALAGE CORPORTED

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



#### ORDER FORM

**TO** Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

850.656.7953

REQUEST DATE 5/3/2022

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1033343

ORDER ENTITY

ESCROW SOLUTIONS MANAGEMENT, INC.

PLEASE PERFORM THE FOLLOWING SERVICES	:
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ESCROW SOLUTIONS MANAGEMENT, INC. (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

#### RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 3, 2022 Page 1 of 1

#### Articles of Amendment to Articles of Incorporation of

## FILED

7027 MAY -3 PM 4:55

ESCROW SOLUTIONS MANAGEMENT, INC. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Depth [State] ASSEE, FL P19000032927 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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) 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) (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 Do	2	
X Remove	<u>v</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	PTD	_	STEVE HUBBARD	2201 NW Corporate Boulevard
Add				Suite 205
X Remove				Boca Raton, FL 33431
2) Change	PTD		MATTHEW COHEN	2201 NW Corporate Boulevard
X Add			<del>-</del>	Suite 205
Remove 3 ) Change		-		Boca Raton, FL 33431
Add				
Remove				
4) Change				
Add				
Remove				
<i>5)</i> Change				
Add				
Remove				
6) Change		<u> </u>	<u> </u>	
Add			·	
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	_ <del></del>
	<u> </u>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and an angellation of its end an angellation of its end and an angellation of its end and an angellation of its end an angellation of its end

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The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file a	
	(no more than 90 days after amenament file t	iaic)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirer Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amena	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,	
<u> </u>	(voting group)	
May : Dated	2,2022	
Signature	7 <u>Cohen</u> — 44, 2, 1921 (1904) (191	
selec	director, president or other officer – if directors or officers hated, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	
	Matthew Cohen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	