P19000042917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(any, seets, 2, p. 11 none 11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 8, 2023

SCOTT BENRER 4018 GALLAGHER LOOP CASSELBERRY, FL 32707

SUBJECT: BERNER DESIGN GROUP INC.

Ref. Number: P19000042917

We have received your document for BERNER DESIGN GROUP INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 023A00020663 -

SEP 2 3 2023

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	Berner Design Gro	up INC			
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Scott Benrer				
		Name of Contact Persor	1		
	Berner Design Group INC				
		Firm/ Company			
	4018 Gallagher Loop				
	-	Address	·····		
	Casselberry FL 32707				
		City/ State and Zip Code	2		
	bemers37@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			499
Scott Berner		at (⁴⁰⁷	474-5637	<u> </u>	ر م ایر ا
Name	of Contact Person	Area Co	de & Daytime Telephone Number		73
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		- -
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		409 51 1 2 1 11 12: 58
Am	iling Address endment Section ision of Corporations	Ameno	Address Iment Section on of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
i) Change	CFO	Martin Krasniqi	4018 Gallagher Loop	
X Add	-		Casselberry FL 32707	
Remove	P	Scott Berner	4018 Gallagher Loop	
2) X Change Add			Casselberry FL 32707	
Remove 3) Change				
Add				•
Remove			,	5050 500 500 500 500 500 500 500 500 50
4) Change			·	C 25
Add				
Remove				11:12:
5) Change			 .	· .
Add				, •4
Remove				
6) Change				
Add				
Remove				

ach additional sheets, if necessary). (Be specific)	
	<u></u> .
	
If an amendment provides for an exchange, reclassification, or cancellation of issued	shares,
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	· <u>lf:</u>
(if not apprecione, material)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a	sdontion: 5ksh3	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) Scott Berner	
		
	(Typed or printed name of person signing) RA PRESIDENT	~3
	(Title of person signing)	300 V-1 25
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1