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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLEXTERS, INC	<u>C.</u>	
DOCUMENT NUMB	ER: P19000057885		
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
ſ	PATRICIA ASSMANN		
-		Name of Contact Perso	n
-		Firm/ Company	
2	215 NORMANDY CIR W		
-		Address	
F	PALM HARBOR, FL 3468	3	
-		City/ State and Zip Cod	e
PASS	MANN@FLEXTEKS.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		470 0000
PATRICIA ASSMANI		651at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation

of

FLEXTEKS, INC.				
(Name of	Corporation as currently	filed with the Florida De	pt. of State)	
P19000057885				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	lorida Profit Corporation	adopts the following	ig amendment(s)
A. If amending name, enter the new nam	ne of the corporation:			
N/A				_The new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	tion "Corp," "Inc," or "C	o". A professional corpo		bbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		N/A		
, , , , , , , , , , , , , , , , , , ,	(1021 1100 1100)			
C. Catanana mallian address if applica	akla.		·	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	<u> </u>	<u> </u>
				
D. If amending the registered agent and/onew registered agent and/or the new resistered agent and/or the new registered agent ag		ess in Florida, enter the na	ıme of the	ج. بارج
Name of New Registered Agent	N/A			•
Name of New Registered Algem			· ·	-
_	(Florida stre	et address		_
	1/A			
New Registered Office Address:		Citys	, Florida /Ziv	Code)
			,	
New Registered Agent's Signature, if cha I hereby accept the appointment as registered		ith and accept the obligation	ons of the position.	
	Signature of New Re	gistered Agent, if changing	·	_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VSD	JEFFREY HANSON	215 NORMANDY CIR W
X Add			PALM HARBOR, FL 34683
Remove			
2) X Change	PD	PATRICIA ASSMANN	215 NORMANDY CIR W
Add			PALM HARBOR, FL 34683
Remove			
3) X Change	VTD	JAKE HANSON	215 NORMANDY CIR W
Add			PALM HARBOR, FL 34683
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	******		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE VII is being amended to show the initial officers and directors of the corporation as listed above in
Section D on Page 2 of 4.
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 amendment(s) ac	AUGUST 1, 2019	, if other than th
date this document was signed.		, if other than if
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	r
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
AUGUST	1, 2019	
Dated		
Signature	Titularous	
(By a d selected	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	PATRICIA ASSMANN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	