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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ZOOM OF FL INC		
DOCUMENT NUMB	BER:		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Sharon M. Franzel		
	•	Name of Contact Person	
	ZOOM OF FL INC.		
	<u>.</u> ,	Firm/ Company	
	5440 N Ocean Drive, STE 50	6	
		Address	-
	Singer Island, FL 33404		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	
For further informatio	E-mail address: (to be us	sed for future annual report i	notification)
Sharon M. Franzel		at (429-8983
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ami Divi P.O	ling Address endment Section ision of Corporations . Box 6327 abassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

ZOOM OF FL INC.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000088948	
(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:	
ZOOM U.S.A. INC.	The new
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
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: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address 	dress in Florida, enter the name of the
Name of New Registered Agent	
	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing
Check if applicable	

 \Box 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:

<u>X</u> Change	$\overline{b.L}$	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			·
Add			
Remove Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change		-	
Add			
Remove			

If amending or adding (Attach additional sheet)	ts, if necessary). (Be	specific)	<u></u> -		
	••	-			
		<u>.</u>		<u> </u>	
	,				
	. <u>-</u>				
			· · ·		
					
	.				
					
					_
If an amendment provisions for impler	<u>vides for an exchange</u> nenting the amendme	e, reclassification, ent if not containe	or cancellation of is	sued shares, t itself:	
(if not applicable,	indicate N/A)				

.

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 date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this day Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareholder actic	on and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
The amendment(s) was/were a must be separately provided f	pproved by the sharcholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
	(voting group)	
3/9/2021 Dated Signature		
scieci	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)	
	Sharon M. Franzel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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