# P190000 90025

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |





900342150549

03/16/20--01042--032 ★+35.60

200 | 16 7 ° 8:31

R. WHITE MR 27 CC

### **COVER LETTER**

TO: Amendment Section

| Division of Corporations                            |  |  |
|---|--|--|
| NAME OF CORPORATION: PROLIM                         | MITY, INC.   |  |
| DOCUMENT NUMBER: P190000                            | 70025  |  |
| The enclosed Articles of Amendment and fee are s    | submitted for filing.  |  |
| Please return all correspondence concerning this m  | natter to the following:   |  |
| ,   |  |  |
| Lawrence  | A. Moore Name of Contact Person  |  |
|   |  |  |
| Prolinity 7   | Firm <sup>7</sup> Company  |  |
| - JAMES 1972  | Firm/ Company  |  |
| 202 5. 1 7  | to la i  |  |
| _ddd Cast In  | Herdencia St. Address Z 32502 City/ State and Zip Code                           |  |
| 0 (   | mulico   |  |
| Lensacola Fi  | 2 32302  |  |
|   | City/ State and Zip Code   |  |
|   | li an la general agricultura   |  |
| Family address to be                                | used for future annual report notification)                                      |  |
| is man address. (to be                              | used for fatale annual report normeation)  |  |
|   |  |  |
| For further information concerning this matter, ple | ase call:  |  |
|   |  |  |
| Lawrence Millore                                    | at ( <u>850</u> ) <u>Y32-08<b>08</b></u><br>Area Code & Daytime Telephone Number |  |
| Name of Contact Person                              | Area Code & Daytime Telephone Number   |  |
| Enclosed is a check for the following amount made   | e navable to the Florida Department of State:                                    |  |
|   | e payable to the control peparatient of these.                                   |  |
| S35 Filing Fee S43.75 Filing Fee &                  | □\$43.75 Filing Fee & □\$52.50 Filing Fee  |  |
| Certificate of Status                               | Certified Copy Certificate of Status   |  |
|   | (Additional copy is Certified Copy   |  |
|   | enclosed) (Additional Copy   |  |
|   | is enclosed)   |  |
| Mailing Address                                     | Street Address   |  |
| Amendment Section                                   | Amendment Section  |  |
| Division of Corporations                            | Division of Corporations   |  |
| P.O. Box 6327                                       | The Centre of Tallahassee  |  |
| Tallahassee, Ft. 32314                              | 2415 N. Monroe Street, Suite 810   |  |

Tallahassee, FL 32303

#### Articles of Amendment to

# Articles of Incorporation of

| PROJEMENT THE   | 01  |  |
|---|---|--|
| (Name of Corporation as curren  | tly filed with the Flor                   | ida Dept. of State   |
| P19000090025  |   |  |
| (Document Number  | of Corporation (if kno                    | wn)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:   | s Florida Profit Corpo                    | oration adopts the following amendment(s)                                |
| A. If amending name, enter the new name of the corporation:   |   |  |
| N/A   |   | The new  |
| N/A  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. | A professional corpo                      | porated" or the abbreviation "Corp.," pration name must contain the word |
| B. Enter new principal office address, if applicable:   | M/A                                       |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   |   |  |
|   |   |  |
|   | <del></del>                               |  |
| C. Enter new mailing address, if applicable:  | .//.                                      |  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  | <u> M</u> 8                               |  |
|   |   |  |
|   |   |  |
| D. If amending the registered agent and/or registered office add  | dress in Florida, enter                   | r the name of the  |
| new registered agent and/or the new registered office address   |   |  |
| Name of New Registered Agent  |   |  |
|   |   |  |
| tFlorida s  | treet address)                            | · · · ·  |
| New Registered Office Address:  |   | . Florida  |
|   | (City)                                    | , Florida<br><i>(Zip Code)</i>   |
|   |   |  |
| Your Daniet and Agant's Cianatana if about in Decision of Assessing   |   |  |
| New Registered Agent's Signature, if changing Registered Agen<br>I hereby accept the appointment as registered agent.—I am familiar   | i <del>u:</del><br>with and accept the oi | bligations 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)

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> <u>Joh</u>  | n Doe            |                         |
|----------------------------|-----------------------|------------------|-------------------------|
| X Remove                   | <u>V</u> <u>Mil</u>   | se Jones         |                         |
| X Add                      | <u>SV</u> <u>Sall</u> | ty Smith         |                         |
| Type of Action (Check One) | <u>Title</u>          | <u>Name</u>      | <u>Addres</u> s         |
| 1) Change                  | _ <i>P</i> _          | Tiffany Moure    | 407 Manfalian Hill Rd.  |
| Add                        |                       | /                | Gulf Breeze, FL 37561   |
| X Remove                   | ٥                     | ul o ou          |                         |
| 2) X Change                | <u> </u>              | William E Gibson | 222 East Interdencia St |
| Add                        |                       |                  | Penracola FL 32502      |
| Remove Change              |                       |                  |                         |
| Add                        |                       |                  |                         |
| 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) |                                       |
|---|---------------------------------------|
| N/A   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   | · · · · · · · · · · · · · · · · · · · |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   | •                                     |
|   | <del></del>                           |
|   |                                       |
|   |                                       |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued                                    | l channe                              |
| provisions for implementing the amendment if not contained in the amendment itse  | elf:                                  |
| (if not applicable, indicate N/A)   |                                       |
| N/A   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |

| The date of each amo<br>date this document wa | endment(s) adoption:   | , if other than the  |
|---|--|----------------------|
| Effective date <u>if appl</u>                 | licable:   |                      |
|   | (no more than 90 days after amendment file date)   |                      |
|   | erted in this block does not meet the applicable statutory filing requirements, this date will date on the Department of State's records.  | not be listed as the |
| Adoption of Amenda                            | ment(s) ( <u>CHECK ONE</u> )   |                      |
| The amendment(s) action was not requ          | was/were adopted by the incorporators, or board of directors without shareholder action and fired.   | shareholder          |
|   | was/were adopted by the shareholders. The number of votes cast for the amendment(s) is was/were sufficient for approval.   |                      |
|   | was/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):   |                      |
| "The number                                   | of votes cast for the amendment(s) was/were sufficient for approval  |                      |
| by  | (voting group)   |                      |
|   | (voting group)   |                      |
| Date  | 1220 8 1   |                      |
| Sign  | (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | _                    |
|   | (Typed or printed name of person signing)  |                      |
|   | (Title of person signing)  |                      |