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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ASCENSION OZONE SERVICES, INC.

DOCUMENT NUMBER: P2000003401

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN S KEATON

Name of Contact Person

GULF BEACHES LAW PA

Firm/ Company

PO BOX 1139

Address

ST PETERSBURG FL 33731

City/ State and Zip Code

accounting@gulfbeacheslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN S KEATON

Name of Contact Person

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

at (<u>727</u>) <u>822-2200</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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

ASCENSION OZONE SERVICES, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State)

P2000003401

(Document Number of Corporation (if known)

20 HIL OC HILL OF 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:

AFFORDABLE OZONE TREATMENT INC

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."

#### B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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 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)

<u>New Registered Office Address:</u>

(City)

(Zip Code)

, Florida

The new

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)

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 V Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Type of Action Title Name <u>Addres</u>s (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add Remove 3) \_\_\_\_ 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)

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)

\_\_\_\_\_

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•	04/23/2020
The date of each amendment(s) ado	ption:, if other the
date this document was signed. 01/23	2020
Effective date if applicable:	
	(no more than 9) days after amendment file date)
Note: If the data insected in this block does not meet the applicable statutory filling requirements, this date will not be liste it i document's effective date on the Department of State's records.	
Adoption of Amendmeat(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop- action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
The amondment(3) viasi were adoptively the shareholder class were sufficient and were sufficient.	ted by the shareholders. The number of votes cast for the amendment(s) felent for approval.
	wed by the shareholders through verting groups. The following statement is the holid of the anonament (s):
"The number of votes east to	r the amendment(s) was/were sufficient for approval
bs.	,
"/ <u></u>	weiing group)
6) 28/2020 	and Cardon
scheteil.	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduenary by that fidueiary)
~	AREN'S REATON
	(Typed or printed name of percen signing)
ŧ.	SCORPORATOR
	(Title of person signing)