## P2000000 8360

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	PORATION: Refresh Computers	s, Inc.		
	MBER: P20000008360			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	David Leavitt			
		Name of Contact Persor	1	
	Refresh Computers, Inc.			
		Firm/ Company		
	1000 Ridgepointe Cove			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Longwood, FL 32750			
		City/ State and Zip Code		
	dave@refreshcomputers.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further inform	ation concerning this matter, pleas	se call:		
ror turther intorni.	ation concerning this matter, picas	se can.		
David Leavitt		at ( 407	221-8240	
Nai	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	E □S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahasson, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Refresh computers, Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P20000008360		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Itorida Profit Corporation adopts the following	; amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviatio professional corporation name must contain	n "Corp.,"
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)		2020
		<del>- इं.</del> - ,
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	15
new registered agent and/or the new registered office address:		5
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	, Florida	
	City) Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of Vac Re	gistered Agent, if changing	
	gioterea Agent, y enanging	
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: XChange	<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>	Name	<u>Addres</u> s		
1) Change	V	Isabel Leavitt	1000 Ridgepointe Cove		
X Add			Longwood, FL 32750		
Remove					
2) Change					
Add					
Remove 3 ) Change		<u> </u>			
Add					
Remove					
4) Change					
Add			. <del></del>		
Remove					
5) Change					
Add					
Remove					
6) Change		<del>-</del>			
Add					
Remove					

Attach aa	lditional sheet.	additional Arts, if necessary).	(Be specific	7			•
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f an ame	andment prov	ides for an exc	hange, reclas	sification, or c	cancellation of	issued shares,	
provisio	ons for implen not applicable,	nenting the am	endment if no	ot contained in	i the amendm	ent itselt:	
(y n	от аррисате,	macae MA)					
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The date of each amendment(s)	adoption:	, if other than the
date 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 document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
David Leavitt		
o,	(voting group)	
	director, president or other officer – if directors or officers have not beeded, by an incorporator – if in the hands of a receiver, trustee, or other contents.	
	nted fiduciary by that fiduciary)	
	David Leavitt	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	