P2000000 15133

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HATCH COMPLI	ANCE, INC.		
DOCUMENT NUMI	P20000015133			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	RENEE DOUTHAT			
		Name of Contact Person	1	
	HATCH COMPLIANCE, IN	IC.		
		Firm/ Company		
	4623 ARBORLOFT COURT	r		
		Address		
	CHARLOTTE, NC 28270			
		City/ State and Zip Code	e	
	RENEE@HATCHCOMPLL	ANCE.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call: 786 at (709-7912	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	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)	
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	
1 4112	111435CC, 1 L J2J [4	Tallahassee, F1, 32303		

Articles of Amendment to Articles of Incorporation of

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(<u>Name</u> o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P20000015133	:		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new na	ame of the corporation:		
COMPLY TECH, INC.	÷	The new	
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:		7520 E. Independence Blvd. #230	
(Principal office address MUST BE A S		Charlotte, NC 28277	
	• •		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		4623 Arbortoft Court	, T
·	· ·	Charlotte, NC 28270	, ,
D. If amending the registered agent an new registered agent and/or the new		<u>ss:</u>	: .
Name of New Registered Agent	19406 NE 19TH COURT		
		treet address)	
New Registered Office Address:	MIAMI	. Florida	
wew Registered Office Address.		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		it: with and accept the obligations of the position.	
	Christin	a Rosenberg	
		Registered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (1)) (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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		-	
Add		•	
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change		·	
Add		· · · :	
Remove		•	
4) Change			
Add			
Remove	*	• •	
5) Change			
Add		•	
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Pemove		•	

iach <i>aaainonai sh</i>	ling additional Articles, enter change(s) here:
	neets, if necessary). (Be specific)
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_	rovides for an exchange, reclassification, or cancellation of issued shares,
<u>n amendment p</u>	lementing the amendment if not contained in the amendment itself: ole, indicate N/A)
<u>ovisions for imp</u>	ALC. MARICULE IVALI
<u>ovisions for imp</u>	· · · · · · · · · · · · · · · · · · ·
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<u>ovisions for imp</u>	

	08/01/2024	
	option:	, if other than the
date this document was signed.	2/2024	
08/1 Effective date <u>if applicable</u> :	2/2024	
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors wit	thout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cas	st for the amendment(s)
	roved by the shareholders through voting groups. Each voting group entitled to vote separately on th	
	for the amendment(s) was/were sufficient for appr	oval
by		"
,	(voting group)	
08/12/2024		
Dated		
	nee Douthat	
selected	rector, president or other officer – if directors or or or or an incorporator – if in the hands of a receiver and fiduciary by that fiduciary)	
	RÊNEE DOUTHAT	
	(Typed or printed name of person signi	ng)
	PRESIDÈNT	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: HATCH COMPLI	ANCE, INC.		
DOCUMENT NUMBE	D20000015122			
The enclosed Articles of	**Amendment and fee are su	bmitted for filing		
Please return all corresp	ondence concerning this ma	tter to the followi	ng:	
R	ENEE DOUTHAT			
H	ATCH COMPLIANCE, IN	Name of Cont C.	act Persor	ı
_		Firm/ Con	nnany	
4	623 ARBORLOFT COURT			
	HARLOTTE, NC 28270	Addre	SS	
_		City/ State and	Zip Code	
R	ENEE@HATCHCOMPLIA	·	•	
_	E-mail address: (to be us		ual report	notification)
			-	·
For further information of	concerning this matter, pleas	se call:		
RENEE DOUTHAT			i6	709-7912
Name of	Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Flo	irida Depa	rtment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	Certified Cop (Additional co enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	diment Section on of Corporations ox 6327 assee, FL 32314		Amend: Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303