## P20000021565

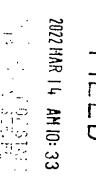
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C. BRUMBLEY
MAR 2 9 2022

## **COVER LETTER**

Mector Caraballo			
Name of Contact Person			
Corranion Services			
Firm/ Company			
1606 Woodstone way			
Address			
St. Agustine FL 32092			
City/ State and Zip Code			
Corpnation services Damail. Com			

For further information concerning this matter, please call:

Name of Contact Person at (407) 316-5270

Area Code & Daytime Telephone Number

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

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)

S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

## **Articles of Amendment**

ŧo Articles of Incorporation

, of	•	
Conflorion Ser	inces :	Inc.
(Name of Corporation as currently	filed with th	e Florida Dept. of State)
₹2000021	5645	
(Document Number of C	Corporation (	if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
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."	mpany," or ' professional	The new 'incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<u> 1708</u>	St. Augustine, FL 32092
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1808	Woodstone Way St. Augusine, FL 32092
D. If amending the registered agent and/or registered office address:	ss in Florida	, enter the name of the
Name of New Registered Agent		1022
		Ä T
(Florida stree	t address)	
New Registered Office Address:(	lity)	Florida (Zip Cade)
		(Zip Cale)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the control of the c	th and accep	I the obligations of the position.
		•
		<u> </u>
Signature of New Reg	gistered Agen	nt, 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: X Change	<u>PT</u>	John Dog	
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	7	Robert Dain	Jackson, 11e, FL 3220
Add			Jackson, 11e, FL 3220
Remove 2) Change	7	Jacob Bonner	1444 Home St., APt. 345
Add			1444 Hove St., APt. 345 Ducksonville, Fl 82207
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amen	dment provides for :	an exchange, reclassif	<u>ication, or cancellatio</u>	on of issued shares,	
<u>provisions</u>	<u>s for implementing t</u>	he amendment if not	<u>contained in the amer</u>	<u>idment itself:</u>	
(if not	applicable, indicate :	MA)			
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	<u>e)</u>
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requireme epartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were st	opted by the shareholders. The number of votes cast for the artificient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
hy	··	
	(voting group)	
Dated	12/22	1 M
selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	Hector Coraballo, Robert Den (Typed or printed name of person signing)	Jacob Bonner
	(Title of person signing)	