5/29/2020

Division of Corporations



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H200001609463ABC

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GF5 MASKS INC.

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JUN 15 2020

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June 1, 2020

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

GF5 MASKS INC. 13860 WELLINGTON TRACE 38 #113 WELLINGTON, FL 33414

SUBJECT: GF5 MASKS INC. REF: P20000023890

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

As of January 1, 2020, the form for amending a Profit Corporation has changed. Please use the new Profit Articles of Amendment form located on our website (www.sunbiz.org).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050

Terri J Schroeder Regulatory Specialist III FAX Aud. #: H20000160946 Letter Number: 920A00010754 Fax Audit # H200001609463

Articles of Amendment

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Articles	of Incorporation 2020 JUN 12 AM 10: 36
GF5 Masks Inc.	
(Name of Corporation as cut	rrently filed with the Florida Dept. of State)
P20000023890	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	on:
	The new
	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	15218 Oak Chase Ct
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Wellington, Florida 33414
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 new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	rida street addressj
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A Thereby accept the appoinment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of ?	New Registered Agent, if changing
Check if applicable	

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## Fax Audit # H200001609463

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e. 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:

2020 JUN 12 ANIO: 35

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jor	nes	
X Add	<u>SV</u>	Sally Sir	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
I) Change		_ <u>_</u>		
Add				
Remove				······································
2) Change				
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
61 Change		<b></b>		
Add				
Remove				

Fax Audit # H200001609463

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To:	Page	6	Οſ

<u>I amending or adding additional Articles, enter change(s) her</u> Attach <i>additional sheets, if necessary). (Be specific)</i>	2020 JUH 12 AH 10: 36
	· <u></u>
If an amendment provides for an exchange, reclassification, or	cancellation of issued shares.
provisions for implementing the amendment if not contained (if not applicable, indicate NiA)	in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	<del></del>

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Fax Audit # H200001609463	5/20/2020			
The date of each amendment(s) adopt date this document was signed.	.,		·	if other than the
Effective date if applicable:		2020 JU.: 12	Ari 10: 36	
	(no more than 90 days	after amendment file date)		
Note: If the date inserted in this block document's effective date on the Depart		statutory filing requirements,	this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted action was not required	by the incorporators, or board	of directors without sharehold	er action and sh	nareholder
The amendment(s) was/were adopted by the shareholders was/were suffic		ber of votes cast for the amend	dment(s)	
☐ The amendment(s) was/were approvemuss be separately provided for each				
"The number of votes cast for	the amendment(s) was/were suft	icient for approval		
by		, ,		
	(voting group)		•	
Dated $5/2$	0/2020)		•	
(By a direct	or, president or other officer of an incorporator – if in the hand iductary by that fiduciary)	Arectors of officers have not is of a receiver, trustee, or oth	been er court	
Jain	ne Angel			
•	(Typed or printed name of	of person signing)		
Pre	sident			
· .	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·		M. 17 17 17 17 17 17 17 17 17 17 17 17 17