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COR AMND/RESTATE/CORRECT OR O/D RESIGN SANI-COMPLETE INC.

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COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	DRATION; SANI-COMPLETE	EINC.		
DOCUMENT NUM	IBER: P20000035884	<u>-</u>		
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Cheyenne Moseley			
		Name of Contact Person	n	_
	LegalZoom.com. Inc.			
		Firm/ Company		_
	101 N. Brand Blvd., 11th Flo	or		
		Address		_
	Glendale, CA 91203			· · · · · · · · · · · · · · · · · · ·
	5)			
	kirkmtb@gmail.com			(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	E-mail address: (to be us	sed for future annual report	notification)	- - - -
For further informati	on concerning this matter, pleas	se call:		
Cheyenne Moseley		800 at (773-0888 ext. 9724	
Name of Contact Person			de & Daytime Telephone Num	ber :
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ar Di P.	ailing Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

Articles of Amendment Articles of Incorporation

SANI-COMPLETE INC.	to Clad with the Classic Days of Court	
P20000035884	ly filed with the Florida Dept. of State)	
·	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation." " "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chortered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	17593 OSPREY INLET CT, FORT MYERS, FL 339	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17593 OSPREY INLET CT, FORT MYERS, FL	
		<u> </u>
		- 1
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent		·
		. ٠
(Florida str	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip C	oxle)
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 R	Registered Agent, if changing	
•		
Check if applicable The amendment(s) is/are being filed pursuant to s. 507.0120 (13).	(c) ES	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), F.S.	

Example:

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= Trustec; 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.

<u>X</u> Change	<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>	<u>Name</u>	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u></u>
Add			
Remove			

mach additional sheets,	additional Articles, e , if necessary). (Be	specific)			
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an amendment provi	des for an exchange.	reclassification	or cancellation	of issued shares,	
provisions for impleme (if not applicable, in	enting the omendme ndicate N/A)	nt if not contain	ed in the amend	ment itself:	
					
	•				
	•		·		·

	08/20/2020	
	h amendment(s) adoption:	, if other than the
date this docume	ent was signed.	
Effective date if	annlicable:	
	(no more than 90 days after amendment file date)	
	e inserted in this block does not meet the applicable statutory filing requirements, this date will notive date on the Department of State's records.	ot be listed as the
Adoption of Am	nendment(s) (CHECK ONE)	
The amendment action was no	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and slot required.	nareholder
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) nolders was/were sufficient for approval.	
	ent(s) was/were approved by the shareholders through voting groups. The following statement trutely provided for each voting group entitled to vote separately on the amendment(s):	
"The m	umber of votes cast for the amendment(s) was/were sufficient for approval	
Б У	,,	
·, <u>—</u>	(voting group)	
	Dated	
	Dated 8/20/2020 Signature Link Munuell	_
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Kirk Munnell	
	(Typed or printed name of person signing)	
	President	
	(l'itle of person signing)	