## P2000048174

	(Requestor's Name)
	(Address)
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	(C+10)-4-(Tia (Oh o a o 4)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
<del></del> ·	(Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
lı	J. HORNE
	SEP 27 2022





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2022 SEP 26 AM 9: 57

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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE	2.
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
Please use funds from account: 120210000160 Au  Authorization Signature Fundamental P20000048174.	mount: paid \$35.00
Business Name	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X_Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	Conversion
<del></del>	Articles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing
- <del></del>	Limited Partnership
Fictitious Name	Reinstatement
ARTICLES OF CORRECTION	
APOSTIL )	Other
Country	

EXAMINER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE	C.
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
ValCal Inc. P20000048174. Business Name  Walk in	Document #  Pick up time  Will wait
Mail out	wii wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW_FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
ARTICLES OF CORRECTION	
APOSTIL )	Other

EXAMINER'S INITIALS:\_\_\_\_\_

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Val	al Inc	
DOCUMENT NUMBE		0043174	
	Amendment and fee are sub		
	ondence concerning this mat		
	Va	Name of Contact Person  I (a)   n c  Firm/ Company  De La Busquaddress  Address  City/ State and Zip Code	
For further information		ed for future annual report	
6 10Vanr	Martinez	at (676 Area Co	6767490 de & Daytime Telephone Number
	he following amount made		
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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 massee, FL 32314	Amend Division The C 2415	Address  Iment Section on of Corporations  I entre of Tallahassee N. Monroe Street, Suite 810  assee, FL 32303

## Articles of Amendment to Articles of Incorporation oſ

2022 SFP 26 AM

11/1/	1022 3C1 28 Arl 9: 56
Val(a) rc	with the Florida Dept. of State CRETARY OF STATE AHASSEE TO THE
710000042174	TACL AHASSES, FLOR
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> is Articles of Incorporation:	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," "compar 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe 'chartered," "professional association," or the abbreviation "P.A."	y," or "incorporated" or the abbreviation "Corp.," ssional corporation name must contain the word
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
<ol> <li>If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:</li> </ol>	Florida, enter the name of the
Name of New Registered Agent	
(Florida street add	ress;
() () () ()	
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with an	d accept the obligations of the position.
Signature of New Register	ed Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Şmith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Melissa Martiner	820 De La Busque
_X_ Add			Lung 600) FL 32779
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) _ Change			
_ Add			
Remove			
6) Change			
Add			··
Remove			

	s, if necessary) (	(be specific)				
Melissa	Martines	24.011	1 e celvo	25-/-	ownersh, pot	VolCal
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n amendment prov	ides for an excha	inge, reclassif	ication, or can	cellation of i	sued shares.	
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n amendment provovisions for implen (if not applicable,	nenting the amen	inge, reclassifi dment if not c	ication, or can contained in th	cellation of i	ssued shares. t itself:	
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in amendment prov ovisions for implen (if not applicable,	nenting the amen	inge, reclassif dment if not o	ication, or can	cellation of i	ssued shares.	

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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated September 26, 2.022 Signature
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)