P20 000051091

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400348996214

RECEIVED
JUL 2 7 2020

S T11155 SEP 21 (3)

2008 JUL 27 PM 3: 1

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Overall Inc. DOCUMENT NUMBER: P20000051091 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael A Ringwald Name of Contact Person Overall Inc. Firm/ Company 12783 Pineway Dr Address Largo, FL 33773 City/ State and Zip Code michaelaringwald@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 614-6921

Area Code & Daytime Telephone Number Michael A Ringwald Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee **\$35** Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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 to Articles of Incorporation of

OVERALL INC. (Name of Corporation as currently filed with the Florida Dept. of State) P20000051091 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _. Florida_ (Zip Code) (City) 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 Registered Agent, if changing

Check if applicable

☐ 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)

Example:

Please note the officer/director title by the first letter of the office title:

Labor Days

DΤ

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 Doc 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.

A.Change	<u>r 1</u>	<u> </u>	
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>	<u>Addres</u> s
1) Change	VP	Scan D Hullfish	12783 Pineway Dr
X Add	_		Largo, Fl. 33773
Remove			
2) Change			
Add			·
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicaole, maicale MA)	

•

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing reartment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without	out shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast licient for approval.	or the amendment(s)
☐ The amendment(s) was/were appro- must be separately provided for ed	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the e	ne following statement umendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approv	al
by		<u>_</u>
,	(voting group)	
Dated	12-2020 y kul	
Signature au	y Kecer ()	
(By a dire selected,	ector, president or other officer – if directors or offi by an incorporator – if in the hands of a receiver, to d fiduciary by that fiduciary)	
_	Michael A Ringe (Typed or printed name of person signing	<u>u9/d</u>
	Pros. At A	,
	(Title of person signing)	