

P200000064332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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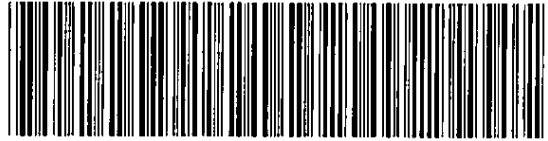
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2023

ALEX EVERS
4427 DEL PRADO BLVD
CAPE CORAL, FL 33904

SUBJECT: PAYROLL SB, INC.
Ref. Number: P20000064332

We have received your document for PAYROLL SB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please date the last page.

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00027827

623A00027827

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Payroll SB, Inc
DOCUMENT NUMBER: P20000064332

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Evers
Name of Contact Person
Payroll SB, Inc.
Firm/ Company
4427 Del Prado Boulevard
Address
Cape Coral, FL 33904
City/ State and Zip Code
office@payrollsb.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Klein at (239) 542-0378
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 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
to
Articles of Incorporation
of

Payroll SB, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000064332

(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)

4427 Del Prado Boulevard South
Cape Coral, FL 33904

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4427 Del Prado Boulevard South
Cape Coral, FL 33904

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 _____
(City) (Zip Code)

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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-----------|-------------------------|---|
| 1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>T</u> | <u>Webster, William</u> | <u>89 Meigs Drive</u> <u>Shalimar, FL 32578</u> |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>Ammons, Linda</u> | <u>89 Meigs Drive</u> <u>Shalimar, FL 32578</u> |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>P</u> | <u>Evers, Alexander</u> | <u>3620 SW Santa Barbara Place</u> <u>Cape Coral, FL 33914</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VP</u> | <u>French, Shawn</u> | <u>9101 Bramley Terrace</u> <u>Fort Myers, FL 33967</u> |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ _____ _____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

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 filing 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 _____."
(voting group)

 Dated 12-18-23
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)

Alexander Evers
(Typed or printed name of person signing)

**AMENDED
ARTICLES OF INCORPORATION
OF
PAYROLL SB, INC.**

THE UNDERSIGNED as President of the corporation under the Florida General Corporation Act hereby amends its Articles of Incorporation filed on August 13, 2020.

ARTICLE I: Name

Payroll SB, Inc.
4427 Del Prado Boulevard South
Cape Coral, Florida 33904

ARTICLE II - Duration

The Period of it duration is perpetual unless dissolved by action of law.

ARTICLE III - Purpose

The purpose is to engage in any activities or business permitted under the laws of United State and State of Florida.

ARTICLE IV - Capital Stock

The amount of the total authorized stock of the corporation shall be 100 shares of common stock having a par value of \$1.00 per share fully paid and non-assessable. Stock may be issued by cash, property, labor services or good will, as may be determined by the Board of Directors. There will only be one class of stock, common stock, issued with full voting powers. No other class of stock will be issued. There will be no preemptive rights for any stockholder.

**ARTICLE V - Registered Agent, Registered Office
and Registered Agent's Signature**

The name and the Florida street address of the registered agent is:

Michael F. Kayusa, Esq.
2077 First Street, Ste 201
Fort Myers, Florida 33901

ARTICLE VI -Officers

| <u>Name</u> | <u>Address</u> | <u>Title</u> |
|--------------------|--|---------------------|
| Alexander Evers | 3620 SW Santa Barbara Pl. Cape Coral, Florida 33914 | President, 40% |

| | | |
|-----------------|---|---------------------|
| Shawn French | 9101 Bramley Terrace Fort Myers, Florida 33967 | Vice President, 50% |
| Linda Ammons | 89 Meigs Drive Shalimar, Florida 32579 | Secretary, 5% |
| William Webster | 89 Meigs Drive Shalimar, Florida 32579 | Treasurer, 5% |

Article VII: Indemnification

The corporation may be empowered to indemnify any officer or director or any former officer or director in the manner set out and pursuant to the provisions of Section 607.14 of the Florida Statutes. As amended.

Article VIII- Amendment of Articles

These Article of Incorporation may be amended in the manner provided by law. Evry amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders.

Alexander Evers
Alexander Evers, President

STATE OF FLORIDA)
COUNTY OF Lee)

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 15 day of November, 2023 by Alexander Evers.

Christine J. Klein
(Signature of Notary Public - State of Florida)

Printed Name: Christine J. Klein

Personally Known ☒
OR Produced Identification _____
Identification Produced _____

Stamp Commissioned

