P20000086521

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Impressive Event	Solutions Corp			
DOCUMENT NUM	P20000086521				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	Steven Schauf Jr				
		Name of Contact Person	1		
	Impressive Event Solutions (Corp			
	Firm/ Company				
	2140 34th St				
		Address			
	Saint Petersburg FL 33711				
		City/ State and Zip Cod	e		
	imp.app@yahoo.com				
	· · · · - ·	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call: at (⁴⁰⁷	5758861		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made				
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	tiling Address nendment Section vision of Corporations D. Box 6327 tlahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Fallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Impressive Event Solutions Corp

	(Document Number	of Corporation (if known)	
dursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the fol	llowing amendmer
a. If amending name, enter the new na	ame of the corporation:		
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbr A professional corporation name must o	The new eviation "Corp.," contain the word
3. Enter new principal office address, if applicable:		N/A	
Principal office address <u>MUST BE A S</u>		N/A	
		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	· ·
		N/A	•
If amending the registered agent an new registered agent and/or the nev		dress in Florida, enter the name of the	رن ن
Name of New Registered Agent	N/A		
	N/A		
	(Florida s	street address)	
New Registered Office Address:	N/A	, Florida	'A
		tCity)	(Zip Code)

☐ 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:

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	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	Herman Williams Jr	2962 Shetland Lane
Add			Montgomery IL 60538
X Remove			N/A
2) Change	N/A	N/A	N/A
Add			N/A
Remove	N/A	N/A	N/A
3) Change		N/A	N/A
Add			N/A
Remove			N/A
4) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
5) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A
6) Change	N/A	N/A	N/A
Add			N/A
Remove			N/A

(Attach addi	g or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)	
N/A	tond sneets, if necessary). (Be specific)	
		
F. If an ameno	Iment provides for an exchange, reclassification, or cancellation of issued share	•
provisions	for implementing the amendment if not contained in the amendment itself:	
	applicable, indicate N/A)	
N/A		
		
_		
		 _
		<u></u>

The date of each amendment(s date this document was signed.	adoption:	_, if other than th
1	0/22/2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 70 days after timenament the date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by N/A		
<u> </u>	(voting group)	
11/10/20	220	
DatedSignature	director, president of other officer – if directors or officers have not been	_
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other court intending by that fiduciary)	
	Steven Schauf Jr	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	