P20000088Z05

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cf 2/21/2022

COVER LETTER

TO: Amendment Section 2 Division of Corporations Pantheon Capital Group Inc NAME OF CORPORATION: DOCUMENT NUMBER: P20000088205 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert E. Houston Jr. Name of Contact Person Pantheon Capital Group Inc Firm/ Company 8955 US 301 N, Suite 307 Address Parrish, FL 34219 City/ State and Zip Code info@pegmoney.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (818) 579-5215

Area Code & Daytime Telephone Number Robert E. Houston Jr Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & \$52,50 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation

FILED

2022 FFR 11 AM 11: 42

Pantheon Capital Group Inc			ZUZZTED 14 HITTI 46
P20000088205	ie of Corporation as currently	filed with the Florida Do	PSOSTATE TALLAHASSEE, FL
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 6 its Articles of Incorporation:	07,1006, Florida Statutes, this F	loridu Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new	v name of the corporation:		
			The new
name must be distinguishable and com "Inc.," or Co.," or the designation "chartered," "professional associatio	"Corp," "Inc," or "Co". A	ompany," or "incorporate professional corporation	I" or the abbreviation "Corp.," name must contain the word
B. Enter new principal office addre			
(Principal office address <u>MUST BE /</u>	<u> 4 STREET ADDRESS</u>)		
C. Enter new mailing address, if a	nnlivable		
(Mailing address MAY BE A POS			
D. If amending the registered agen- new registered agent and/or the			name of the
<u>Name of New Registered Age</u>	<u> </u>		
	(Florida stre	vet address)	
New Registered Office Addre	NS:		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, I hereby accept the appointment as re	if changing Registered Agent: gistered agent. I am familiar w	ith and accept the obligat	ions of the position.
	Signature of New Re	gistered Agent, if changin	y
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:

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	PT	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>	<u>Addres</u> s
1) Change	CFO	Natalie Delgarde	2063 River Reach Dr. Suite 386
Add			Naples, FL 34104
Remove 2) Change	<u>coo</u>	Gregory Abel	3235 Hillerest Park Dr. Suite 106
XAdd			Medford, OR 97504
Remove 3 1 Change	сто	Alfred Stalker Jr.	10044 SW Glenbrook Dr
X Add			Port St. Lucie, FL 34987
Remove	TRES	Linda M. Lukas	8955 US 301 N, Suite 307
XAdd			Parrish, FL 34219
Remove			
5) Change	····		
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

ttach additional sh	ing additional Arti eets, if necessary).	(Be specific)				
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an amendment p	rovides for an excl	nange, rectassific	ation, or cancella	ation of issued <u>s</u>	nares,	
<u>provisions for imp</u>	lementing the ame	enament it not co	miained in the at	nenument usen	<u> </u>	
(п пот аррисат	ole, indicate N/A)					
·						
						
						

	doption:	, if other than the
date this document was signed.)2/2022	
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment ifficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by Robert E. Houston Jr.	(voting group)	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
select	hreofor, president or other obliver – if directors or officers have not been ad by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	urt
	Robert E. Houston Jr	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	