## P21000013423

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SGTED, INC.		
DOCUMENT NUME	BER: P21000013423		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	TED ANASTOPOULOS		
		Name of Contact Person	
		Firm/ Company	
	1500 DRIVER FREEWAY		
		Address	
	NEW SMYRNA, FL 32168	· · · · · · · · · · · · · · · · · · ·	
		City/ State and Zip Code	2
	tedanast@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
TED ANASTOPOUL	os	at (	219-3111
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

SGTED, INC.

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (!!) (e). F.S.

2021 HAY 28 PH 3: 27

		- '	<b>-</b> f
(Name of Corporation as o	currently filed with t	he Florida Dept. of State)	
P21(00001	13423	WELL-HADDLE, C.	
		/:C1)	
(Document N	umber of Corporation	(If Known)	
rsuant to the provisions of section 607.1006, Florida Statu Articles of Incorporation:	tes, this <i>Florida Prof</i>	it Corporation adopts the follow	ving amendment(s
If amending name, enter the new name of the corpora	ation:		
			The new
ime must be distinguishable and contain the word "corpora Inc.," or Co.," or the designation "Corp," "Inc," or " hartered." "professional association," or the abbreviation	"Co". A professione	· "incorporated" or the abbrevi il corporation name must cor	ation "Corp ."
Enter new principal office address, if applicable:	<del> </del>		
rincipal office address MUST BE A STREET ADDRESS	<u>S</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Stating address SIAT BE AT OST OTTTCE BOX)	<del></del>		
. If amending the registered agent and/or registered of	ffice address in Flori	da, enter the name of the	
new registered agent and/or the new registered office	address:		
Name of New Registered Agent			<u> </u>
	Florida street address)		
New Registered Office Address:	(City)	, Florida	Zip Code)
	(Cny)		,,,
ew Registered Agent's Signature, if changing Registers	ed Agent:		
hereby accept the appointment as registered agent. I am	familiar with and acc	ept the obligations of the positi	on.
			<u></u>
Signature	of New Registered Ag	gent, if changing	
Theck if applicable			

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.

X Change	<u>PT</u>	John Do	<u>.</u>	
X Remove	<u>V</u>	Mike Jo	nne <u>s</u>	
_X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
	V		SPYROS A. TRYFONOPOULOS	940 VILLAGE TRL UNIT 6 201
1) Change Add		_		PORT ORGANE, FL 32127
Remove				
2) Change		<del></del>		
Add				
Remove Change				
Add				
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4) Change				
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•	idding additional A I sheets, if necessary	y). (Be specific)				
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an amendme	implementing the i	amendment il not	contained in the	amendment itsei	<u>1.</u>	
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:	(no more than 90 days after amen	
<del> </del>	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory fil epartment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting group each voting group entitled to vote separately o	ps. The following statement n the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for a	pproval
by SGTED INC		··
	(voting group)	
05/19/202 Dated	1	
Signature X	7 · La	
(By a select	lirector, president or other officer – if directors of by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court
	TED ANASTOPOULOS	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing)	