## P21000016250

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ VALKYRIA PRODUCTIONS INC P21000016250 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Contact Person Firm/ Company 17350 STATE HWY 249, #220 Address HOUSTON, TX, 77064 City/ State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LOVETTE DOBSON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

FILED

VALKYRIA PRODUCTIONS INC

2021 NOV \_1 PM 2: 43

to

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P21000	0016250 FALLAHASSEEL FOLL
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
	The nev
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the work
The second office address if applicables	4290 1st Ave Nw
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )	Naples, FL 34119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4290 1st Ave Nw
	Naples, FL 34119
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	ldress in Florida, enter the name of the
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:  nr with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)  1) X Change	P	Elisa Whitney	4290 1st Ave Nw
			Naples, FL 34119
Add Remove			
2) Change			
Add			
Remove 3) Change	<u>-</u>		
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional)	adding additional	iry). (Be spec	ific)				
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. <u>If an amendme</u>	ent provides for a	n exchange, rec	lassification, o	r cancellation	<u>of issued shar</u> most itself:	<u>es.</u>	
provisions for	r implementing the plicable, indicate N	<u>e amendment 11</u> 7/4)	r not contained	in the amenu	ment itsen.		
(ij noi app	тсате, такат п	<i>(A)</i>					
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	adoption:	_, if other than the
ate this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(roung group)	
OCTOBI Dated	ER, 27, 2021	
Signature	Elisa Whitney	
(By a selec	director, president or other officer—If directors or officers have not been ted, by an incorporator—if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Elisa Whitney	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	