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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MAXWELL-SMITH, INC. DOCUMENT NUMBER: P2100017229
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Maxwell - Culbers on Inc. Firm/ Company P. O. Box 4 Address Palm City FL 34991 City/ State and Zip Code Maxwell Culbers on a gmail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Visco Management press and
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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

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MAXWELL-SMITH INC		MAY	10
(Name of Corporation as current	tly filed with the Florida Dept. (of State)	OH 3.
P21000017229			0.29
(Document Number	of Corporation (if known)	QI A	1.575
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adop	ots the following amo	endment(s) to
A. If amending name, enter the new name of the corporation:			
MAXWELL-CULBERSON IN			неш
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 projessional corporation nan	the abbreviation "C ie must contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4080 SW S. Palm City, FL		<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. Box Palm City,	H FL 349	91
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		of the	
Name of New Registered Agent			
What ha	treet address)		
·			
New Registered Office Address:	· City)	Torida <u>(Zip Code)</u>	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	it: with and accept the obligations o	of the position.	
Signature of Vac	Registered Agent, if changing	<u> </u>	
Signature of New 1	menta seem y 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 = Clivef 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>oc</u>	
X Remove	<u>V</u>	Mike Jo	nnes .	
X Add	<u>\$V</u>	<u>Sally Şı</u>	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change				
Add				
Remove				
6)Change		_		
Add				
Remove				<u></u> -

Altach <i>additional sh</i>	ing additional Art icets, if necessary).	(Be specific)				
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f an amendment <u>p</u> provisions for imp						
(if not applicat	ole, indicate NA)	endinent ii iive v			<u></u>	
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The date of each amendment(s) adoption:
Effective date if applicable: 5 2025
(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
by
Coming groups
Dailed D 1 2025
Signature Lina Mawell
tBy 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)
(Typed or printed name of person signing)
0
(Title of person signing)

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