P21000019729

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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COVER LETTER

TO: Amendment Section · Division of Corporations

NAME OF CORPORATION: PLACE 2	PLACE, INC.		
DOCUMENT NUMBER: <u>P210000197</u>	29		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
MICAH OWENB	4		
	Name of Contact Person		
PLACE 2 PLACE	INC.		
	Firm/ Company		
14528 AERIES WA	M DR.		
	M DP. Address		
FORT MYERS, FL	35912		
	359 12 City/ State and Zip Code		
E-mail address: (to be use	MAIL. Com ed for future annual report notification)		
م د			
MICAH OWENBY	at (239) 898 - 9530 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:		
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee, FL 32314	Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED

Place 2 Place Inc	2022 JAN 11 PM 12 57
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
(Document Number o	of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	•
If amending name, enter the new name of the corporation:	
NIA	The new
me must be distinguishable and contain the word "corporation," "onc.," or Co.," or the designation "Corp," "Inc," or "Co". A hartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
Enter new principal office address, if applicable:	SUITE 300
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	FORT MYERS, FZ 33908
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14528 AERIES WAY DR. FORT MYERS, FL 33912
If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Elasida etc.)	reet address)
·	·
New Registered Office Address:	, Florida (City) (Zip Code)
w Registered Agent's Signature, if changing Registered Agent ereby accept the appointment as registered agent. I am familiar v	
N/A	legistered Agent, if changing
Signature of New R	egistered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = 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	<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	P	MICAH OWENRY	14528 AERIES WM DR
★ Add			FORT MYERS, FL 33912
Remove			
2) Change		<u> </u>	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amen (Attach	i <mark>ding or adding additio</mark> additional sheets, if neco	nal Articles, enter essary). (Be speci	<pre>change(s) here: fic)</pre>			
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. <u>If an am</u>	endment provides for	an exchange, recla	ssification, or ca	ncellation of issued	shares,	
<u>provisi</u>	ons for implementing t not applicable, indicate	<u>ne amendment if n</u> N/A)	ot contained in t	he amendment itse	elt:	
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N	A $\overline{}$					 _
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,	The date of each amendment(s) adoption: 10 16 20 21 date this document was signed.	_, if other than the
	Effective date if applicable: 10 16 2021 (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 a document's effective date on the Department of State's records.	not be listed as the
	Adoption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
	☐ 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" (voting group)	
	Signature (By 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)	
	(1 yped or printed name of person signing)	
	PRECIDENT	
	(Title of person signing)	