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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096 Fax Number : (239)791-8132

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LACLOLLOW-advocates.org

## COR AMND/RESTATE/CORRECT OR O/D RESIGN 2809507 ONTARIO, INC

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7 SULKER: MAR 2 5 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 2809507 ONTARIO, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RITA JACKMAN Name of Contact Person Firm/ Company 12381 S, CLEVELAND AVE STE 200 Address FORT MYERS, FL 33907 City/ State and Zip Code LEGAL@YOUR-ADVOCATES.ORG E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number RITA JACKMAN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Tiling Fee □S43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

2809307 UNIARIO, INC	ly filed with the Florida Dept. of State)
P21000022458	if they first the 1 to the or of the control of the
<u> </u>	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation;	
SABRYLEN, INC	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abhreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  Mane of New Registered Agent	lress in Florida, enter the name of the 6:
name by the state of the state	
(Florida str	tree: address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Ro	Registered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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)

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	n Doe	
X Remove	<u>V</u> Mik	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	AMBR	DANIEL COLLIS	10531 VIA TORINO WAY
Add		-	MIRAMAR LAKES, FL 33913
Remove  2) Change	AMBR	LENORE TORRIERI-COLLIS	10531 VIA TORINO WAY
Add			MIRAMAR LAKES, FL 33913
X Remove 3) Change	AMBR	2809507 ONTARIO, INC	007 NELLIE LITTLE CRESCENT
X Add			NEWMARKET ONTARIO 6
Remove			CANADA L3X 3E6
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)			
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n amendment provides for an excl	hange, reclassification, or	cancellation of issue	d shares,	
ovisions for implementing the ante (if not applicable, indicate N/A)	nument it ian contained	u the amendation is	·····	
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. .

The date of each amendment(s) as	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 96 days after amendment file da	te)
Note: If the date inserted in this b' document's effective date on the De	ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the afficient for approval.	imendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	
"The number of votes cust	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated Marc	L15,2021	
Signature		
(By a di selected	rector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, out of induciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Registered Agent / theorpa)	ratur