## P21 000 026964

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SECNE HAY OF STATE

c/ 12/13/2022

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BRIMARY INC					
DOCUMENT NUM	BER: P21000026964					
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.				
Please return all corre	espondence concerning this mat	ter to the following:				
	Karen Estry, Esquire					
		Name of Contact Persor	1			
	Karen Estry, P.A.					
	Firm/ Company					
	Post Office Box 162967					
		Address	_			
	Altamonte Springs, FL 32716	-2967				
		City/ State and Zip Code				
	Karen@altamontelaw.com					
	E-mail address: (to be us	ed for future annual report	notification)			
	on concerning this matter, pleas	e call:				
Karen Estry		at (	_) 869-0900			
Name	of Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made p	payable to the Florida Depa	ertment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ал Div P.C	illing Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

## Articles of Amendment to Articles of Incorporation of

FILED

BRIMARY INC

2022 SEP 13 PM 4: 00

(Name o	of Corporation as currently	filed with the Florida Dept. of State).	
(Name of Corporation as currently filed with the Florida Dept. of State). P21000026964  TALLAHASSEE.			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
	orp." "Inc," or "Co". A	The new pmpany," or "incorporated" or the abbreviation "Corp" professional corporation name must contain the word	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS )		
C. Enter new mailing address, if applied (Mailing address MAY BE A POST)		420 Wekiva Rapids Drive	
		Altamonte Springs, FL 32714	
D. If amending the registered agent an new registered agent and/or the nev		ess in Florida, enter the name of the	
Name of New Registered Agent	Mary Fromkorth		
Name of New Neglistered Agent	420 Wekiva Rapids Drive	<del></del>	
	(Florida stre	et address)	
New Registered Office Address:	Altamonte Springs, FL	, Florida <sup>32714</sup>	
4	(	City) (Zip Code)	
New Registered Agent's Signature, if ch	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.	
$-\mathcal{N}_{l}$	and fronker	gistered Agent, if changing	
<del></del>	Signature of New Re	gistered Agent, if 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)

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.

$\underline{X}$ Change	<u>PT</u>	John Doe	
$\underline{X}$ Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Mary Fromkorth	420 Wekiva Rapids Drive
X Add			Altamonte Springs, Fl. 32714
Remove			
2) Change	MGR	Brian M. Fromkorth	4850 Veracity Point
Add			Sanford, FL 32771
X Remove 3 ) Change	<del></del>		
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			A
Remove			44-4-3
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
···
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	0.09/2022	
Effective date if applicable:	9/08/2022	
	(no more than 90 days aj	fier amendment file date)
Note: If the date inserted in thi document's effective date on the		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through vot for each voting group entitled to vote sept	
"The number of votes ca	ast for the amendment(s) was/were suffici	ient for approval
by		
	(voting group)	
selec	May Fromkor F a director, president or other officer – if deted, by an incorporator – if in the hands of other fiduciary by that fiduciary)	
	MARY FROMKORTH	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	