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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OTPYG INC.

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J. HORNE

MAY 16 2022

Articles of Amendment to Articles of Incorporation of

FILED

2022 MAY 13 AM 8:59

| OTPYG INC. | | SECRETARY OF STATE | | |
|---|---|---|--|--|
| (Name | of Corporation as currently | filed with the Florida Dept. of State) | | |
| P21000034609 | | | | |
| | (Document Number of | Corporation (if known) | | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this I | Florida Profit Corporation adopts the following amendment(s) to | | |
| A. If amending name, enter the new n | ame of the corporation: | | | |
| | | The new | | |
| | Corp." "Inc," or "Co". A | ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word | | |
| B. Enter new principal office address, | | 7901 4th St N | | |
| (Principal office address <u>MUST BE A S</u> | | STE 300 | | |
| | | St. Petersburg FL 33702 | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7901 4th St N | | |
| | | STE 300 | | |
| | | St. Petersburg FL 33702 | | |
| D. If amending the registered agent as new registered agent and/or the ne | | ess in Florida, enter the name of the | | |
| Name of New Registered Agent | Northwest Registe | ered Agent LLC | | |
| | 7901 4th St N ST | 300 | | |
| | (Florida stre | et address) | | |
| New Registered Office Address: | St. Petersburg | , Florida 33702 | | |
| | (| City) (Zip Code) | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regis. | hanging Registered Agent: tered agent. I am familiar w | ith and accept the obligations of the position. | | |
| | Tong | love | | |
| | Signature of New Re | Love 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)

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 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 | Р. | REV2A INC | 7901 4th St N STE 300 |
| X Add | | | St. Petersburg FL 33702 |
| Remove | | | |
| 2) Change | _P | ANTHONY M MCKNIGHT | 7600 NW 5th Place |
| Add | | | GAINESVILLE, FL 32607 |
| X Remove | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | AR |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach addit | or adding additional ional sheets, if necessar | y). (Be specific) | | | |
|--------------|--|---------------------|-------------------------------------|----------------------|-------------------|
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| If an amend | ment provides for an | exchange, reclassif | fication, or cancel | llation of issued sh | ares, |
| (if not a | for implementing the applicable, indicate N/A | amenament it not | contained in the | imenament itseit: | |
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| The date of each amendment(s) ac | option: | , if other than the |
|--|---|---|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file de | nte) |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requirempartment of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☑ The amendment(s) was/were ado 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 cast for the fficient for approval. | amendment(s) |
| | roved by the shareholders through voting groups. The follo each voting group entitled to vote separately on the amendr | |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | |
| by | <u> </u> | |
| | (voting group) | |
| _{Dated} 05/12/2 | | |
| Signature | Anthony McKnight rector, president or other officer - if directors or officers ha | |
| (By a di | rector, president or other officer - if directors or officers ha | ve not been |
| | , by an incorporator – if in the hands of a receiver, trustee, | or other court |
| арроіпі | ed fiduciary by that fiduciary) | |
| | Anthony McKnight | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |