

P210000439 50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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NC & Amend

07/12/21--01030--016 **43.75

FILED

2021 SEP -3 AM 11:42

CLERK OF SUPERIOR COURT

SEP 09 2021
A RAMSEY

*00789, 00611, 04135, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: uxpros Inc.

DOCUMENT NUMBER: P21000043950

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William T. Burton
Name of Contact Person

uxpros Inc.
Firm/ Company

1016 Langston Court
Address

Lawrence Kansas 66049
City/ State and Zip Code

will@uxpros.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda A. Ortiz at (954-) 954-8118
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
22 SEP -3 AM 11:02

August 2, 2021

WILLIAM T. BURTON
UXPROS INC.
1016 LANGSTON COURT
LAWRENCE, KS 66049 US

SUBJECT: UX PROS INC
Ref. Number: P21000043950

We have received your document for UX PROS INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 021A00018139

Articles of Amendment
to
Articles of Incorporation
of

UX Pros Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P21000043950

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

uxpros Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

uxpros Inc.

39873 Highway 27 Suite 426

426 Davenport FL 33837

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

uxpros Inc.

39873 Highway 27 Suite 426

426 Davenport FL 33837

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Barbara Daniel
134 Flatwoods Loop
(Florida street address)

New Registered Office Address: Davenport, Florida 33837
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

FILED
2021 SEP -3 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	_____	Not Applicable	Not Applicable
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
2) <u>Change</u>	_____	Not Applicable	Not Applicable
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	Not Applicable
3) <u>Change</u>	_____	Not Applicable	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
4) <u>Change</u>	_____	Not Applicable	Not Applicable
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
5) <u>Change</u>	_____	Not Applicable	_____
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____
6) <u>Change</u>	_____	Not Applicable	Not Applicable
<u>Add</u>	_____	_____	_____
<u>Remove</u>	_____	_____	_____

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 _____."
(voting group)

Dated 7/6/21

Signature Belinda A. Ortiz
(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)

Belinda A. Ortiz
(Typed or printed name of person signing)

Vice President
(Title of person signing)