2021-06-11 05:45:52 PDT

LegalZoom.com, Inc.

From: Sylvia Paull

Division of Corporations

Florida Department of State Division of Corporations Electronic Piting Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SCHLESS INSIGHTS INC

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Corporate Filing Menu

Help

TO: Amendment Section

From: Sylvia Paull

Division of Corp	orations				•
NAME OF CORPO	RATION: SCHLESS INSIGH	ITS INC	· · · ·		· .
DOCUMENT NUM	BER: P21000044987		· 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	· · ·	~	
Please return all corre	spondence concerning this ma	tter to the followin	g:		
	Cheyenne Moseley				
	LegalZoom.com, Inc.	Name of Contac	et Person		
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For further information	n concerning this matter, pleas	e call:			
Cheyenne Moseley		at ()	773-0888 ext. 97	24
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Am Div P.O	Bing Address endment Section ision of Corporations Box 6327 ahassee, FL 32314		The Centr 2415 N. M		

To: 18506176380

Articles of Amendment to Articles of Incorporation of

SCHLESS INSIGHTS INC		
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
P21000044987		2
(Document Nur	nber of Corporation (if known)	- S
Pursuant to the provisions of section 607.1006, Florida Statute:	this Florida Profit Corporation adopts the following a	enendine mendine
ts Articles of Incorporation:		·
4. If amending name, enter the new name of the corporati	on:	2
	_	
name must be distinguishable and contain the word "corporation		пе печ "Сого"
"Inc.," or Co.," or the designation "Corp," "Inc," or "C	c". A professional corporation name must contain t	he word
'chartered," "professional association," or the abbreviation		
3. Enter new principal office address, if applicable:	353 Summerset Dr.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	St. Johns, FL 32259	
		 '
	The second secon	,
Enter new mailing address, if applicable:		• •
(Mailing address MAY BE A POST OFFICE BOX)	353 Summerset Dr.	
	St. Johns, FL 32259	٠.
D. If amending the registered agent and/or registered offic	anddraw in Florids, onfor the numainf the	
new registered agent and/or the new registered office as		
,		
Name of New Registered Agent		
(Flo	ida strees address)	
New Registered Office Address:	, Florida	
	(City): (Zip Cod	le) .
New Registered Agent's Signature, if changing Registered		٠.
hereby accept the appointment as registered agent. I am fan	nutar with and accept the optigations of the position,	
		• •
Signature of	New Registered Agent, if changing	٠.
Check if applicable The amendment's listare being filed pursuant to s. 607.0126		

Remove Change

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___ Add _

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Add

Add

__ Remove

6) ___ Change

_ Remove

4) ____ Change

_ Remove

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address of each Office (Attach additional shee Please note the officer/P = President; V= Vic Executive Officer; CFO President, Treasurer, E Changes should be note a change, Mike Jones I Mike Jones, V as Remo	er and/or Direct is, if necessary) director title by e President: T= 0 = Chief Financ Director would b ed in the followi eaves the corpor	the first letter of the offic Treasurer; S= Secretarial Officer. If an officer of PTD. of manner: Currently I ration, Sally Smith is na	ce sitle: y; D= Director; ' director holds mo ohn Due is listed t	TR= Tri rethan as the P	ustee; C = Chair one title, list the fi ST and Mike Jone	nan or Clerk; C irst letter of each es is listed as the	EO = Chi s office hei v V. There
Example: X Change	PT. Joh	n Doe		٠.			-
X Remove	У Мі	ce Jones		~		•	
X Add	<u>sv</u> <u>Sal</u>	ly Smith					••
Type of Action (Check One)	Title	Name		•	Address.		•
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Remove	* .				the room from a best for the second division of the second division		
2) Change.				-			

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2021-06-11 05:45:52 PDT

LegalZoom.com, Inc.

From: Sylvia Pauli

To: 18506176380

1 Page: 6 of 7

ie date of each amendment(s) as te this document was signed.	7.						the
fective date <u>if applicable:</u>				•	•	• •	٠ .
rective date it approprie	(no more	than 90 days afi	er amendment file	date)			
ite: If the date inserted in this becoment's effective date on the De			itory trimg require	ements, this date	will no	t be listed as	the
loption of Amendment(s)	(CHECK ON	E)			· · .		
The amendment(s) was/were add	onted by the incomposite	tors, or board of d	irectors without s	hareholder action	and sha	archolder .	
action was not required.						,	
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must be separately provided for "The number of votes cast		·		rdment(s):		11171 - 1	f
		·		ndment(s):		TALLAHA	
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