P21000047506

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Thera-Sleeve Inc DOCUMENT NUMBER: 721000047506 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Royald McCon Namo of Contact Person Tallahassee, FL 32305
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Royald McCo.
Name of Contactorson linelosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Thera-Sleeve Inc.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
921000047506	Corporation (if known)	
(Document Number of (Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviat professional corporation name must conto	ion "Corp.," iin the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2021
		- 3 TH
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	H 5: 2
Name of New Registered Agent N/A		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
		o Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position	ı.
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)

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Section TV should read:	
The number of Preferred Shares the corporation	
is authorized to issue is 1,050,000-	
	_
	
	
	_
	_
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)	
NIA	
	_
	_

	, if other than the
Effective date if applicable: Avgust 27, 2021 (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 valuement's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	ind shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
Signature (B) 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)	
Ronald J. McCou (Typed or printed name of person signing)	
President (Title of person signing)	