P21000050368

(Requestor's Name)
(Requestors Harre)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com

Incorporating Services, Ltd.

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		<u>ORDER I</u>	ORM	
TO	Florida Department of Sta	te	FROM	Melissa Moreau
	The Centre of Tallahassee 2415 North Monroe Street Tallahassee, FL 32303			850.656.7953
	corphelp@dos.myflorida.co	om		
	850-245-6051			
REQUEST	DATE 5/28/2021	PRIORITY Regular	Approval	OUR REF # (Order ID#) 922319
ORDER EN				

PLEASE PERFORM THE FOLLOWING SERVICES:

FIRST PRIORITY, INC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$43.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Amendment ťo Articles of Incorporation of

FIRST PRIORITY, INC

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

P21000050368

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(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:

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

FIRST PRIORITY USA, INC	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpore "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporate "chartered," "professional association," or the abbreviation "P.A."	ated" or the abbreviation "Corp.," ion name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	20 PH 2: 01
D. <u>If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:</u> Name of New Registered Agent	he name of the

(Florida street address)

New Registered Office Address:

(Citv)

(Zip Code)

, Florida_

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) (c), 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 hold. 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 PΤ John Doe V Mike Jones X Remove sv Sally Smith <u>X</u> Add Address Name Title Type of Action (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change Add Remove 3) ____ Change _____ Add Remove 4) ____ Change _____ Add ____ Remove 51 ____ Change ____ Add _____ Remove 6) ____ Change ____ Add ____ Remove

F	If amending or adding additional Artic	cles, enter change(s) here:
	Attach additional sheets, if necessary).	(Be specific)

	_
	_
	_
	_
	_
	_
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
F. If an amendment provides for an exchange, rectainment of contained in the amendment itself: provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the another in not contained in the another in the	
(if not applicable, indicate N/A)	

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 20 M Signature

(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)

(Typed or printed name of person signing)

Presiden

(Title of person signing)