## P2-1000057887

(Requestor's Name)	
(Address)	700374604027
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/08/2101017011 **35.00
(Document Number)	
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## COVERLETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Stug Inc	
DOCUMENT NUM	BER:	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.
Please return all corre	spondence concerning this ma	tter to the following:
	Ilya Osipov	_
		Name of Contact Person
		Firm/ Company
		Address
	7271 Great Egret BLVD	City/ State and Zip Code
	Sarasota, FL, 34241	
	E-mail address: (to be us	sed for future annual report notification)
For further information	n concerning this matter, pleas	se cali:
Ilya Osipov		at (415 9106182
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Department of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment Articles of Incorporation of

The state of the s THE STUG INC. (Name of Corporation as currently filed with the Florida Dept. of State) P21000057887 (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: 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." 690 MAIN ST B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAFETY HARBOR, FL 34695 C. Enter new mailing address, if applicable: 690 MAIN ST (Mailing address MAY BE A POST OFFICE BOX) PMB 10085 SAFETY HARBOR, FL 34695 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:

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

Name of New Registered Agent

New Registered Office Address:

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

690 MAIN ST, SAFETY HARBOR

Ilya Osipov

Signature of New Registered Agent, if changing

(Florida street address)

(City)

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)

Example:

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.

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>	Address
I) X Change	CEO	GNUTIKOV, EVGENY	690 MAIN ST
Add	<del></del>		PMB 10085
Add			SAFETY HARBOR, FL 34695
2) X Change	coo	OSIPOV, ILYA	690 MAIN ST
Add			PMB 10085
			SAFETY HARBOR, FL 34695
Remove Change	SECR	TIKHONOVA, ANASTASIA	690 MAIN ST
Add			PMB 10085
Remove			SAFETY HARBOR, FL 34695
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	···		
Adđ			
Remove			

ach additional sheets, if necessary). (Be specific)	
	<u> </u>
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

•

The date of each amendment this document was signate this document was signated and the date inserted document's effective date of	Oct 5, 2021	, if other than t
Effective date if applicable  Note: If the date inserted	Oct 5, 2021	
Note: If the date inserted	·-	
Note: If the date inserted	(no more than 90 days after amendment file date)	
Note: If the date inserted ocument's effective date of		
	in this block does not meet the applicable statutory filing requirements, then the Department of State's records.	is date will not be listed as
Adoption of Amendment(	(CHECK ONE)	
☐ The amendment(s) was/action was not required.	were adopted by the incorporators, or board of directors without shareholder	action and shareholder
	were adopted by the shareholders. The number of votes cast for the amendativere sufficient for approval.	nent(s)
"The number of vo	ided for each voting group entitled to vote separately on the amendment(s): ties cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	15, 2021	
Dated		
<u> </u>	////	
Signature	(By a director, president or other officer - if directors or officers have not be	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other	
	appointed fiduciary by that fiduciary)	
	Ilya Osipov	
	(Typed or printed name of person signing)	
	COO	
	(Title of person signing)	· <del></del>

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