P21000063716

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	1 Out Lab, Cap.
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
Heidyana BR	Paut Star Registrer Regist
For further information concerning this matter, please c	ail:
Herdy A. Boustista Jame of Contact Person Enclosed is a check for the following amount made pay	at (407) 990 - 978 Area Code & Daytime Telephone Number
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee 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, El. 32303

Articles of Amendment to

Articles of Incorporation

of	•		
In and Out Lab Co	אַכ 👂		
(Name of Corporation as currently	filed with the Florida Dept. of State)		
P	N 6000063 116		
(Documer, samoer or C	corporation (1) kaown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this ${\it Fl}$ its Articles of Incorporation:	orida Profit Corporation adopts the fo	llowing amendme	mt(s) to
A. If amending name, enter the new name of the corporation:			
NIA		The new	
name must be distinguishable and contain the word "corporation," "cor" Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proceed," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbr professional corporation name must (eviation "Corp.,"	•
B. Enter new principal office address, if applicable:	NIA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		202	₩
			71
		<u>JL</u> 2	
C. Enter new mailing address, if applicable:	NIA		[
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10111	Hara R	111
		<u> </u>	O
		5 <u>9</u>	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent HUGY A.	Bautista.		
241 Actumn	Breeze isau		
(Florida street			
New Registered Office Address:	, Florida		
(C	ity)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the pos	ition.	
NIE	}		
Signature of New Reg	tistered 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	D_ Prosa Alvarado	2016 Pitch way
Add		Kissimmee FL 31746
Remove	P Heidy Boutista	241 Autumn Breeze wa
2) _ Change	Theres sugnisted	Winter Park FL 32792
Remove 3) Change	CFO Pricardo Hermandez	
X Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Heidy Bautista (Registered agent - President) am adding Basa Alvarado as a Director of In and Out Lab, Carp. (Document number P21 00006 3411) Also, Adding as a CFO Bi Cardo Her nandez.
Heliag Laurista (majs riva agart i residens)
am adding Rosa Hwarado as a Director of
In and Out Lab, Corp. (Document number P21 0000 6 3416
Also Adding as a CFO Bicardo Hernandez
•
F. 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)
\sim

The date of each amendment(s) adoption:	NIA	, if other than the
date this document was signed.	1 .	
Effective date if applicable:	NIA	
	tno more than 90 days after amendment file	date)
Note: If the date inserted in this block does nedocument's effective date on the Department of		ments, this date will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without sh	areholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The fol g group entitled to vote separately on the amen	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by		
(vo.	(ing group)	
Dated 7 21	202	
Signature	bautis	
	dent or other officer – if directors or officers to or officers to or or other officers to or or other officers to or other officers to other or other officers to other or ot	
appointed fiduciar		
<u>H</u>	(Typed or primed name of person signing)	Heidy Bautiski
$\overline{\mathcal{O}}_{aa}$	(Typed of printed name of person signing)	9
<u>rea</u>	15-16/160 Floory. Title of person signing.	

