Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAX ZONE INC. Account Number : I20190000044

Phone : (407)888-3131 Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Accountanta taxcon 1. Com

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPERIOR NEXT GENERATION SPA INC

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TO: Amendment Section

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## COVER LETTER

| Division of Cor        | porations                                   |  |  |  |  |
|------------------------|---|--|--|--|--|
| NAME OF CORPO          | DRATION: SUPERIOR NEX                       | I GENERATION SPA IN  | C  |  |  |
| DOCUMENT NUM           | IBER: P21000065469                          |  |  |  |  |
| The enclosed Article   | s of Amendment and fee are so               | abmitted for filing.   |  |  |  |
| Please return all corr | espondence concerning this ma               | atter to the following:  |  |  |  |
|                        | ED KOTLER                                   |  |  |  |  |
|                        |   | Name of Contact Perso  | n  |  |  |
|                        | TAX ZONE INC                                |  |  |  |  |
|                        |   | Firm' Company  |  |  |  |
|                        | 8865 COMMUNITY CIR ST                       | ΓE 4   |  |  |  |
|                        |   | Address  | ······································   |  |  |
|                        | ORLANDO, FL 32819                           |  |  |  |  |
|                        | City/ State and Zip Code                    |  |  |  |  |
|                        | ACCOUNTANT@TAXZON                           | VEFL.COM   |  |  |  |
|                        | E-mail address; (to be u                    | sed for future annual repor  | t notification)  |  |  |
|                        | on concerning this matter, plea             |  |  |  |  |
| ED KOTLER              |   | at (   | 888-3131<br>_)<br>xle & Daytime Telephone Number                                       |  |  |
| Name                   | of Contact Person                           | Area Co  | xle & Daytime Telephone Number   |  |  |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Dep   | eartment of State:   |  |  |
| □ \$35 Filing Fee      | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
|                        | Mailing Address                             |  | Street Address   |  |  |
| Amendment Section      |   | Amendment Section  |  |  |  |
|                        | vision of Corporations  1. Box 6327         | Division of Corporations The Centre of Tallahassee                 |  |  |  |
|                        | Tallahassee, FL 32314                       |  | 2415 N. Monroe Street, Suite 810   |  |  |
|                        |   | Tallahassee, FL 32303  |  |  |  |

To:

## Articles of Amendment to Articles of Incorporation of

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2022 AUS 18 PH 4: 20 SUPERIOR NEXT GENERATION SPAINC (Name of Corporation as currently filed with the Florida Dept. of State) P21000065469 (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: SUPERIOR NEXT GENERATION SPA CONSULTING INC 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida\_ (City) (Zip Code) 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/arc 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 heid. 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 Doc                               |   |
|-------------------------------|-------------|--|---|
| X Remove                      | <u>v</u>    | Mike Jones                             |   |
| X Add                         | <u>sv</u>   | Sally Smith                            |   |
| Type of Action<br>(Check One) | Title       | <u>Name</u>                            | <u>Addres</u> s                         |
| 1) Change                     | <del></del> |  |   |
| Add                           |             |  |   |
| Remove                        |             |  |   |
| 2) Change                     |             |  | ····                                    |
| Add                           |             |  |   |
| Remove 3) Change              | <del></del> | _                                      |   |
| Add                           |             |  |   |
| Remove                        |             |  |   |
| 4) Change                     |             |  | # + + + + + + + + + + + + + + + + + + + |
| Add                           |             |  |   |
| Remove                        |             |  |   |
| 5) Change                     |             | ************************************** |   |
| Add                           |             |  | *************************************** |
| Remove                        |             |  |   |
| 6) Change                     |             |  |   |
| Add                           |             |  |   |
| Remove                        |             |  |   |

|   | ets, if necessary). | les, enter change(s<br>(Be specific)   |  |  |             |
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To:

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| The date of each amendment(s) ado   | ption:   | if other than                                    |
|---|--|--|
| date this document was signed.  Effective date if applicable:                   |  |  |
| Effective date it applicable:   | (no more than 90 days after amend  | iment file date)                                 |
| Note: If the date inserted in this blo<br>document's effective date on the Depo |  | ng requirements, this date will not be listed as |
| Adoption of Amendment(s)  | (CHECK ONE)  |  |
| The amendment(s) was/were adopt action was not required.                        | ted by the incorporators, or board of directors  | without shareholder action and shareholder       |
| The amendment(s) was/were adopt by the shareholders was/were suff               | ted by the shareholders. The number of votes icient for approval.  | cast for the amendment(s)                        |
|   | wed by the shareholders through voting group<br>ach voting group entitled to vote separately on  |  |
| "The number of votes cast fo  | r the amendment(s) was/were sufficient for ap  | proval   |
| by  | (voting group)   | **************************************           |
|   | (voting group)   |  |
| Dated August  | 18 2002  |  |
| Signature   | Tran 4 Gulta   |  |
| selected,   | ctor, president or other officer — if directors or<br>by an incorporator — if in the hands of a receiv<br>fiduciary by that fiduciary) |  |
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