P21000086880

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10/12/23--01009--004 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORA	ATION: INB CAPITAL IN	С		
DOCUMENT NUMBI				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
j	ULIE WILLIAMS			
-		Name of Contact Pe	erson	
j	ULIE WILLIAMS TAX LL	С		
_		Firm/ Company	,	
8	8833 PERIMETER PARK B	LVD STE 1202		
-		Address		
J	ACKSONVILLE, FL 32216	1		
_		City/ State and Zip	Code	
2	: Clean@juliewilliamstax.cor	n		
-	E-mail address: (to be us		port notification)	
For further information	concerning this matter, pleas	se call:		
JULIE WILLIAMS		at (⁹⁰⁴	435-4000	
Name of	Contact Person	Area	A Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida	Department of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 cassee, FL 32314	An Di Th 24	reet Address nendment Section vision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 810 Illahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

FILED

INB CAPITAL INC	2022 007
(Name of Corpo	ration as currently filed with the Florida Dept. of State) 12 PM 4: 33
P21000086880	Specification of the second of
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of th	ne corporation:
2 CLEAN HOME CARE INC	The new
	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if application of the application of the principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX
D. If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida, enter the name of the red 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 hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.
S	Signature of New Registered 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 D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. 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)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	_
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	_
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	-
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
'A	
	 -
	-

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. The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): For the amendment(s) was/were sufficient for approval
	or the alliendineim(s) was were surficient for approval
by	(voting group) (voting group)
07/17/2023 Dated	for the amendment(s) was/were sufficient for approval (voting group) (voting group)
selected	rector, president or other officer – if directors or officers have not been . by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	SETH G KIRSCHNER
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)